

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90048 028 ****61.25

0056636

DOCUMENT # 730915

1. Entity Name

WINNIE-GATORS, INC.

Principal Place of Business

**6216 HUNTERS LANE
ST AUGUSTINE FL 32092
US**

Mailing Address

**6216 HUNTERS LANE
ST AUGUSTINE FL 32092
US**

2. Principal Place of Business

55 SEMINOLE DR. E.

Suite, Apt. #, etc.

3. Mailing Address

55 SEMINOLE DR. E.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
BRADENTON, FL

City & State
BRADENTON, FL

4. FEI Number
65-0426845

Applied For
Not Applicable

Zip
34208

Country
U.S.A.

Zip
34208

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**YETTER, DONALD W
406 THIRTEENTH STREET WEST
BRADENTON FL 34205**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALSTEAD, PHILIP 55 SEMINOLE DR E BRADENTON FL 34208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP POSS, JIM 3550 TALLAVANA TRAIL HAVANA FL 32333	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOFFREN, CINDY 6216 HUNTERS LANE ST AUGUSTINE FL 32092	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP WOOD, GAIL 435 16TH AVENUE SE #588 LARGO FL 33771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FIEBRANDT, LORETTA 1720 SANTAMARIA PLACE ORLANDO FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYERS, MARGARET 6228 HUNTERS LANE SAINT AUGUSTINE FL 32092	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DT HALSTEAD, SHIRLEY 55 SEMINOLE DR. E. BRADENTON, FL 34208 (EFFECTIVE MAY 1, 2002)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET BYERS *Margaret Byers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02 **904-940-8719**
Date Daytime Phone #

CR2E037 (9/01)