

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90015 014 \*\*\*\*61.25

**DOCUMENT # 739366**

1. Entity Name  
**GATOR DUGOUT CLUB, INC.**



Principal Place of Business  
**P O BOX 12833  
GAINESVILLE, FL 32604**

Mailing Address  
**P O BOX 12833  
GAINESVILLE, FL 32604**

**64010600**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07212004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-2567984**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GWINN, ELLEN  
4525 NW 91 TERR.  
GAINESVILLE, FL 32606**

Name **Judy Ackley**  
Street Address (P.O. Box Number is Not Acceptable)  
**9447 SW 31st Lane**

City **Gainesville** FL Zip Code **32608**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/21/04**

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME **MAZOURI, MARJ**  
STREET ADDRESS **1420 N.W. 66 TERR.**  
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE PED ☒ Delete  
NAME **BURLESON, GORDON**  
STREET ADDRESS **5331 N.W. 45 DRIVE**  
CITY-ST-ZIP **GAINESVILLE, FL 32653**

TITLE SD ☒ Delete  
NAME **BAUMGARTNER, TRUDY**  
STREET ADDRESS **3612 NW 31ST TERR**  
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE TD ☒ Delete  
NAME **GWINN, ELLEN**  
STREET ADDRESS **1525 N.W. 91 TERR.**  
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **Gordon Burleson**  
STREET ADDRESS **5331 NW 45 Drive**  
CITY-ST-ZIP **Gainesville, FL, 32653**

TITLE ☒ Change ☐ Addition  
NAME **Donna Lutz**  
STREET ADDRESS **409 NW 24th St**  
CITY-ST-ZIP **Gainesville, FL 32607**

TITLE ☒ Change ☐ Addition  
NAME **Anna Davisson**  
STREET ADDRESS **6217 NW 52nd Lane**  
CITY-ST-ZIP **Gainesville, FL 32653**

TITLE ☒ Change ☐ Addition  
NAME **Judy Ackley**  
STREET ADDRESS **9447 SW 31st Lane**  
CITY-ST-ZIP **Gainesville, FL 32608**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Judy Ackley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/21/04 352.332.1550**