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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90029 004 \*\*\*\*61.25

**DOCUMENT # 748236**

1. Corporation Name

**THE UNIVERSITY OF FLORIDA GATOR CLUB OF JACKSONVILLE, INC.**

Principal Place of Business

C/O WALT COURTNEY  
POST OFFICE BOX 47018  
JACKSONVILLE FL 32247

Mailing Address

C/O WALT COURTNEY  
POST OFFICE BOX 47018  
JACKSONVILLE FL 32247



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/27/1979

4. FEI Number

59-2142631

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fees Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MATTHEWS, DONALD  
7952 NORMANDY BLVD  
JACKSONVILLE FL 32221

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD  
NAME BROWN, AMY  
STREET ADDRESS 4852 PRINCESS ANNE LANE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD  
NAME LOPEZ, RICK  
STREET ADDRESS BOX 23 HIGHWAY 301 N/A  
CITY-ST-ZIP BRYCEVILLE FL

TITLE PD  
NAME COURTNEY, WALT  
STREET ADDRESS 10726 PARLIAMENT PL  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D  
NAME WATERS, GINNY  
STREET ADDRESS 8133 VILLAGE GATE COURT  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE TD  
NAME DRIGGERS, CATHERINE  
STREET ADDRESS 8306 COPPERFIELD CR W  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D  
NAME DRIGGERS, OLEN S.  
STREET ADDRESS 8306 COPPERFIELD CR W  
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

T D  
JEFF GARRARD  
6828 ST AUGUSTINE RD  
JACKSONVILLE FL 32217

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)