

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748236

1. Entity Name

THE UNIVERSITY OF FLORIDA GATOR CLUB OF JACKSONV

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90043 014 ****61.25

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

C/O AMY BROWN

P.O. BOX 47018

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-2142631

Applied For
Not Applicable

Zip
32247

Country

Zip
32247

Country

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

MATTHEWS, DONALD
7952 NORMANDY BLVD
JACKSONVILLE FL 32221

Name
AMY BROWN
Street Address (P.O. Box Number is Not Acceptable)
P.O. BOX 47018

City
JACKSONVILLE, FL FL Zip Code
32247

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

AMY BROWN

AMY BROWN

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
After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, AMY 4852 PRINCESS ANNE LANE JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOPEZ, RICK BOX 23 HIGHWAY 301 N/A BRYCEVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COURTNEY, WALT 10726 PARLIAMENT PL JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS, GINNY 8133 VILLAGE GATE COURT JACKSONVILLE FL 32217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARRARD, JEFF 6828 ST AUGUSTINE RD JACKSONVILLE FL 32217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AMY BROWN 4852 PRINCESS ANNE LANE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ELECT GINNY WATERS 8133 VILLAGE GATE CT JAX, FL 32217	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ATHLETICS DAVID ANDERSON 3649 BARBIZON CT JAX, FL 32257	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ROB BENTLEY 4093 GRANDE BLVD JAX BEACH, FL 32250	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary LORI AVERITT 1475 ELMAR RD JAX, FL 32218	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GINNY WATERS 636-6516

Date

Daytime Phone #

CR2E037 (5/00)