

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748236

1. Entity Name

THE UNIVERSITY OF FLORIDA GATOR CLUB OF JACKSONV

FILED  
Jul 19, 2001 8:00 am  
Secretary of State

07-19-2001 90236 010 \*\*\*\*61.25

Principal Place of Business

C/O AMY BROWN  
POST OFFICE BOX 47018  
JACKSONVILLE FL 32247

Mailing Address

C/O AMY BROWN  
POST OFFICE BOX 47018  
JACKSONVILLE FL 32247

80070541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

970 ROB BENTLEY

Suite, Apt. #, etc.

POST OFFICE BOX 47018

3. Mailing Address

970 ROB BENTLEY

Suite, Apt. #, etc.

POST OFFICE BOX 47018

City & State

JAX, FL

City & State

JAX, FL

4. FEI Number

59-2142631

☒ Applied For

☐ Not Applicable

Zip

32250

Country

USA

Zip

32250

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, DONALD  
7952 NORMANDY BLVD  
JACKSONVILLE FL 32221

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

*Donald Matthews*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/13/01

FILE NOW: FEE IS \$61.25

After September 12, 2001, 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

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

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

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

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

TITLE TD  
NAME GARRARD, JEFF  
STREET ADDRESS 6828 ST AUGUSTINE RD  
CITY-ST-ZIP JACKSONVILLE FL 32217 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VICE PRESIDENT  
NAME AVERITT, LORI A.  
STREET ADDRESS 1475 ELMAR ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32202 ☒ Change ☐ Addition

TITLE VICE PRESIDENT  
NAME LOPEZ, RICK  
STREET ADDRESS BOX 23 HIGHWAY 301  
CITY-ST-ZIP BRYCEVILLE, FL 32209 ☒ Change ☐ Addition

TITLE VICE PRESIDENT  
NAME MAGEE, JAY  
STREET ADDRESS 8433 SOUTHSIDE BLVD #2208  
CITY-ST-ZIP JACKSONVILLE, FL 32256-0754 ☒ Change ☐ Addition

TITLE PRESIDENT  
NAME WATERS, GINNY  
STREET ADDRESS 8133 VILLAGE GATE COURT  
CITY-ST-ZIP JACKSONVILLE, FL 32217 ☒ Change ☐ Addition

TITLE TREASURER  
NAME BENTLEY, ROD  
STREET ADDRESS 4094 GRANDIE BLVD  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 Required*

7/13/01

904-270-1792

CR2E037 (5/01)