

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759015

(1)

1. Corporation Name

MARION COUNTY GATOR CLUB, INC.

Principal Place of Business

**1243 SE 22ND AVE.
OCALA FL 32671**

Mailing Address

**1243 SE 22ND AVE.
OCALA FL 32671**



3. Date Incorporated or Qualified
06/30/1981

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2961884

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **34471**

Country

25 **34471**

Country

29 **34471**

30

9. Name and Address of Current Registered Agent

**YOUNG, JR., DAVID A.
131 S.W. 15TH STREET
OCALA FL 32671**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code
FL 34471

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **GRUBBS, RODDY**
STREET ADDRESS **4557 SE 2ND PL**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ DELETE
NAME **MCCALL, WAYNE**
STREET ADDRESS **5380 SE 18TH LANE**
CITY-ST-ZIP **OCALA FL**

TITLE **P** ☐ DELETE
NAME **YOUNG, DAVID**
STREET ADDRESS **1243 SE 22ND AVE.**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ DELETE
NAME **MCCOUN, CHRIS**
STREET ADDRESS **1512 SE 17TH AVE**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ DELETE
NAME **MCCALL, BILL**
STREET ADDRESS **50 NE 41ST AVE.**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ DELETE
NAME **ELY, STEVE**
STREET ADDRESS **3943 SE 17TH ST**
CITY-ST-ZIP **OCALA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

David A. Young, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 (352)732-0171

Date Daytime Phone #

CR2E037 (12/95)