FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 759015

MARION COUNTY GATOR CLUB, INC.

Principal Place of Business
1243 SE 22ND AVE.
OCALA FL 34471
US

Mailing Address

1243 SE 22ND AVE. OCALA FL 34471

FILED Apr 26, 1999 8:00 am § Secretary of State

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2. Principal P	Principal Place of Business 2a. Mailing Address				l l	Date Incorporated or Qualifed				
26		26				06/30 <u>/1981</u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number			Aprilled For	
2					59-2961884		Not Applicable			
City & State City & State					5. (Certificate of Status Desired		\$8.75 A		
23 28								Fee Rec		
Zip	Country	Zip	Countr	У	6. Election Campaign Financing			\$5.00		
24	25	29 30				Trust Fund Contribution			Fees	
Name and Address of Current Registered Agent					10. /	Name and Address of New	Registered Ag	ent		
				1 Name						
• YOUNG, JR., DAVID A.				82 Street Address (P.O. Box Number is Not Acceptable)						
334 NW THIRD AVE										
OCALA FL 34475				3						
			8	4 City			— . T	85 Zip C	ode	
							<u>FL</u>			
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 agen			ent signature rec	g ired when rein	nstating) DDITI: DNS/CHANGES TO OF	DATE AND	DIDECTO	C IN 12	
12.	OFFICERS AN		13.		AL	DUITIONS/CHANGES TO OF		Change	Addition	
TITLE	D	☐ DELETE	1.1 TITLE				L	_ Change	☐ Addition	
NAME	GRUBBS, RODDY		1.2 NAME							
STREET ADDRESS	4557 SE 2ND PL		1.3 STRE	ET ADDRESS						
CITY-ST-ZIP	OCALA FL		1.4 CITY-						□ 4.4/6/a	
TITLE	D	☐ DELETE	2.1 TITLE				L] Change	☐ Addition	
NAME	MCCALL, WAYNE		2.2 NAME							
STREET ADDRESS	5380 SE 18TH LANE 23		2.3 STRE	ET ADDRESS						
CITY-ST-ZIP	00/10116		2.4 CITY	-ST-ZIP						
TITLE	P	DELETÉ 3.11					L	Change	☐ Addition	
NAME	YOUNG, DAVID		3.2 NAME	.						
STREET ADDRESS	1243 SE 22ND AVE.	•	3.3 STRE	ET ADDRESS						
CITY-ST-ZIP	OCALA FL		3.4. CITY	-ST-ZIP						
TITLE	D	☐ DELETE	4.1 TITLE				[] Change	☐ Addition	
NAME	MCCOUN, CHRIS		4. 2 NAM	E						
STREET ADDRESS	1512 SE 17TH AVE		4.3 STRE	ET ADDRESS						
CITY-ST-ZIP	OCALA FL		4.4 CITY	ST-ZIP						
TITLE	D	☐ DELETE	5.1 TITLE					Change	Addition]	
NAME	ELY, STEVE		5.2 NAME	:					ĺ	
STREET ADDRESS	3943 SE 17TH ST		53 STRE	ET ADDRESS					}	
CITY-ST-ZIP	OCALA FL		5.4 CITY-							
TITLE		☐ DELETE	6.1 TITLE				[Change	☐ Addition	
NAME			6.2 NAME						}	
STREET ADDRESS			6.3 STRE	ET ADDRESS						
CITY-ST-ZIP			6.4 CITY-	ST-ZIP					ļ	
4.4	<u> </u>				- Danking	110 07/3\/ii\ Elopido Statutos	I & Alexandra a maide	that the iv	formation	

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 indical ed 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 change.), or on an approximant property with an address, with all other like empowered.