2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am § Secretary of State **DOCUMENT # 759015** 1. Entity Name 05-14-2001 90090 017 ****61.25 MARION COUNTY GATOR CLUB. INC. Principal Place of Business Mailing Address 1243 SE 22ND AVE. 1243 SE 22ND AVE. OCALA FL 34471 OCALA FL 34471 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2961884 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) YOUNG, JR., DAVID A. 334 NW THIRD AVE OCALA FL 34475 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Change ☐ Addition TITLE □ Delete GRUBBS, RODDY NAME NAME STREET ADDRESS 4557 SE 2ND PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL ☐ Change TITLE ☐ Delete ☐ Addition MCCALL, WAYNE NAME STREET ADDRESS STREET ADDRESS **5380 SE 18TH LANE** CITY-ST-ZIP CITY-ST-ZIP OCALA FL ☐ Delete ☐ Change ☐ Addition YOUNG, DAVID NAME NAME STREET ADDRESS 1243 SE 22ND AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP OCALA FL ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME MCCOUN, CHRIS NAME STREET ADDRESS STREET ADDRESS 1512 SE 17TH AVE CITY-ST-ZIP CITY-ST-ZIP OCALA FL TITLE ☐ Delete TITLE ☐ Change Addition NAME **ELY, STEVE** NAME STREET ADDRESS STREET ADDRESS 3943 SE 17TH ST CITY-ST-ZIP CITY-ST-ZIP OCALA FL ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

EMDAVIDA LONG, SR) 4/30/01

FILED