

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 22, 2002 8:00 am**
Secretary of State

05-22-2002 90299 029 ****61.25

DOCUMENT # 759015

1. Entity Name

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
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2961884

Applied For

Not Applicable

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****YOUNG, JR., DAVID A.
334 NW THIRD AVE
OCALA FL 34475**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 ☐ Delete
NAME **D GRUBBS, RODDY**
STREET ADDRESS **4557 SE 2ND PL**
CITY-ST-ZIP **OCALA FL**☐ Change ☐ Addition
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D MCCALL, WAYNE**
STREET ADDRESS **5380 SE 18TH LANE**
CITY-ST-ZIP **OCALA FL**☐ Change ☐ Addition
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **P YOUNG, DAVID**
STREET ADDRESS **1243 SE 22ND AVE.**
CITY-ST-ZIP **OCALA FL**☐ Change ☐ Addition
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D MCCOUN, CHRIS**
STREET ADDRESS **1512 SE 17TH AVE**
CITY-ST-ZIP **OCALA FL**☐ Change ☐ Addition
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D ELY, STEVE**
STREET ADDRESS **3943 SE 17TH ST**
CITY-ST-ZIP **OCALA FL**☐ Change ☐ Addition
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE ☐ Delete
NAME
STREET ADDRESS
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.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)