

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001129 JF

DOCUMENT # **A98000002244**

1. Entity Name

GATOR GREATS, LTD.

FILED

11/10/12

00 OCT 12 PM 3: 52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1005 N.W. 101ST DRIVE  
GAINESVILLE FL 32606

Mailing Address

1005 N.W. 101ST DRIVE  
GAINESVILLE FL 32606

2. Principal Place of Business

201 S.E. 2ND AVENUE

Suite, Apt. #, etc.

SUITE #102

City & State

GAINESVILLE, FL 32601

Zip

32601

Country

U.S.A.

3. Mailing Address

201 S.E. 2ND AVENUE

Suite, Apt. #, etc.

SUITE #102

City & State

GAINESVILLE, FL

Zip

32601

Country

U.S.A.

4. FEI Number

59-3536003

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LESCANO, CARLOS

1005 N.W. 101ST DRIVE  
GAINESVILLE FL 32606

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$651,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # ~~000000000000~~  
NAME GATOR GREATS ENTERTAINMENT, L.C.  
STREET ADDRESS 1005 N.W. 101ST DRIVE  
CITY-ST-ZIP GAINESVILLE FL 32606 L99-5377

13. ADDRESS CHANGES ONLY

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200003352842-1  
-08/10/00-01088-007  
\*\*\*\*578.75 \*\*\*\*526.25

\$526.25

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED  
Signature and typed or printed name of signing general partner

8/3/00

352-378-5494  
Daytime Phone #

CR2E003 (5/00)