

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000002244

1. Entity Name

GATOR GREATS, LTD.

FILED

01 MAY -1 PM 12:29

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 SE 2nd Ave
Suite, Apt. #, etc.
102

3. Mailing Address

201 SE 2nd Ave
Suite, Apt. #, etc.
102

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-3536003

Applied For

Not Applicable

Zip

32601

Country

Alachua

Zip

32601

Country

Alachua

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.

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$651,000.00

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 # L99000005377
NAME GATOR GREATS ENTERTAINMENT, L.C.
STREET ADDRESS 1005 N.W. 101ST DRIVE
CITY-ST-ZIP GAINESVILLE FL 32606

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/25/01 (252) 378-5494

CR2E003 (11/00)