

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G09723

1. Entity Name

GATOR ALUMINUM, INC.

FILED

Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90017 011 ***550.00

Principal Place of Business

4620 N.W. 13TH STREET
P.O. BOX 14165
GAINESVILLE FL 32609

Mailing Address

4620 N.W. 13TH STREET
P.O. BOX 14165
GAINESVILLE FL 32609

2. Principal Place of Business

4620 NW 13th Str.

3. Mailing Address

PO BOX 14165

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

Zip

Country

32609 USA

Zip

Country

32604-2165 USA

4. FEI Number

59-2285095

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

RUSSELL, DONALD L
4620 NORTHWEST 13TH STREET
GAINESVILLE FL

7. Name and Address of New Registered Agent

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. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so:
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE SV
NAME RUSSELL, DEBRA L
STREET ADDRESS 4620 N.W. 13TH ST.
CITY-ST-ZIP GAINESVILLE, FL 00000 ☐ Delete

TITLE P
NAME RUSSELL, DONALD L
STREET ADDRESS 4620 N.W. 13TH ST.
CITY-ST-ZIP GAINESVILLE, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

D.L. Russell 7/21/00 352)372-9767

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 15/00