

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 22, 2001 08:00 AM****Secretary of State****DOCUMENT # J88311**1. Entity Name  
GATOR DOCK & MARINE, INC.

## Principal Place of Business

2880 MELLONVILLE DR.

SANFORD  
327739604

FL

## Mailing Address

2880 MELLONVILLE DR.

SANFORD  
327739604

FL

## 2. Principal Place of Business

2880 MELLONVILLE DR.

## 3. Mailing Address

2880 MELLONVILLE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

SANFORD

FL

## City &amp; State

SANFORD

FL

## Zip

327739604

## Country

US

## Zip

327739604

## Country

US

## 4. FEI Number

59-2836295

## Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LABRET, STEVEN MICHAEL  
501 N. MAGNOLIA AVENUE  
SUITE A  
ORLANDO  
32801

FL

US

## 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)

01/22/2001

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 \$150.00****After MAY 1, 2001 Fee will be \$550.00****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	VP	<input type="checkbox"/> Delete
NAME	FLEISCHMAN JON W.	
STREET ADDRESS	2880 MELLONVILLE AVE.	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MCCLOSKEY, A. JOSEPH	
STREET ADDRESS	2880 MELLONVILLE AVE.	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEISCHMAN JON W.	
STREET ADDRESS	2880 MELLONVILLE AVE.	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLOSKEY, A. JOSEPH	
STREET ADDRESS	2880 MELLONVILLE AVE.	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Meggin Heather Robbins

MA

01/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)