

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L28398

1. Entity Name

GATOR ENTERTAINMENT, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90043 023 ***150.00

A0034178



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O ERIC A PETERSON 3020 N ROOSEVELT BLVD KEY WEST FL 33040	5800 OVERSEAS HWY MARATHON FL 33050-2735 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	65-0154457	Applied For
		Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
PETERSON, ERIC A. 1305 SE 5TH AVE POMPAÑO BEACH 33060

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	DP ☐ Delete
NAME	PETERSON, ERIC A.
STREET ADDRESS	1305 SE 5TH AVE
CITY-ST-ZIP	POMPAÑO BCH FL
TITLE	DVP ☐ Delete
NAME	PETERSON, SHANE C
STREET ADDRESS	3020 N ROOSEVELT BLVD
CITY-ST-ZIP	KEY WEST FL
TITLE	DST ☐ Delete
NAME	PETERSON, MORIA
STREET ADDRESS	1305 SE 5TH AVE
CITY-ST-ZIP	POMPAÑO BCH FL
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)