

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L28398

1. Entity Name
GATOR ENTERTAINMENT, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90053 014 ***150.00

Principal Place of Business
C/O ERIC A PETERSON
3020 N ROOSEVELT BLVD
KEY WEST FL 33040

Mailing Address
5800 OVERSEAS HWY
MARATHON FL 33050
US

004004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
99625 Overseas Hwy
Suite, Apt. #, etc.

3. Mailing Address
P.O. Drawer 15700
Suite, Apt. #, etc.

City & State
Key Largo FL

City & State
West Palm Beach FL 33416

Zip
33037

Country

Zip
33416

Country

4. FEI Number 65-0154457

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PETERSON, ERIC A.
1305 SE 5TH AVE
POMPANO BEACH FL 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 _____
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. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PETERSON, ERIC A.		NAME		
STREET ADDRESS	1305 SE 5TH AVE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		CITY-ST-ZIP		
TITLE	DVP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PETERSON, SHANE C		NAME		
STREET ADDRESS	3020 N ROOSEVELT BLVD		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		CITY-ST-ZIP		
TITLE	DST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PETERSON, MORIA		NAME		
STREET ADDRESS	1305 SE 5TH AVE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] 4/30/01 561-686-5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)