

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001010

1. Entity Name

GATOR MANAGEMENT SERVICES, LIMITED LIABILITY COM

Principal Place of Business

8810 BOGGY CREEK, SUITE 200
ORLANDO FL 32824

Mailing Address

P.O. BOX 20684
RENO NV 89515-0684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-1904596

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GODFREY, BIFF ESQ

250 N. ORANGE AVENUE, SUITE 1100

ORLANDO FL 32801

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ZIARNOWSKI, DAVID ☐ Delete
STREET ADDRESS P.O. BOX 20684
CITY-ST-ZIP RENO NV 89515

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

TITLE NAME MGRM NELSON, FRANS ☐ Delete
STREET ADDRESS P.O. BOX 20684
CITY-ST-ZIP RENO NV 89515

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500004341635--2
CITY-ST-ZIP -06/05/01--01045--021

TITLE NAME MGRM CARUSO, PATRICK ☐ Delete
STREET ADDRESS P.O. BOX 20684
CITY-ST-ZIP RENO NV 89515

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME MGRM KELLISON, KEITH Q ☐ Delete
STREET ADDRESS P.O. BOX 20684
CITY-ST-ZIP RENO NV 89515

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/01 775-823-4300

FILED

01 MAY -7 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE