

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90079 014 \*\*\*\*70.00

**DOCUMENT # N02000008165**

1. Entity Name  
**THE BLUE GATOR FOUNDATION, INC.**



Principal Place of Business  
**1016 FORT MASON DRIVE  
EUSTIS, FL 32726**

Mailing Address  
**C/O MATT PERLOW BLACKWELL SANDER  
PEPER MARTIN 720 OLIVE ST STE 2400  
SAINT LOUIS, MO 63101**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**30-0127330**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME **SMITH, DOROTHY D**  
STREET ADDRESS **1016 FORT MASON DRIVE**  
CITY-ST-ZIP **EUSTIS, FL 32726**

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

TITLE D ☐ Delete  
NAME **SMITH, BRICE R III**  
STREET ADDRESS **102 JEFFERSON ROAD**  
CITY-ST-ZIP **WEBSTER GROVES, MO 63119**

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

TITLE D ☐ Delete  
NAME **TRAUSCHT, VICTORIA S**  
STREET ADDRESS **W 76 CIRCLE DRIVE**  
CITY-ST-ZIP **MUNDELEIN, IL 60060**

TITLE ☒ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS **19561 UNIVERSITY DRIVE**  
CITY-ST-ZIP **MUNDELEIN, IL 60060**

TITLE D ☐ Delete  
NAME **SMITH-NORMAN, HOLLIS M**  
STREET ADDRESS **341 MAPLE**  
CITY-ST-ZIP **WEBSTER GROVES, MO 63119**

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

TITLE D ☐ Delete  
NAME **SMITH, KAREN C**  
STREET ADDRESS **12639 BRADFORD HILLS**  
CITY-ST-ZIP **ST. LOUIS, MO 63127**

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

TITLE SD ☐ Delete  
NAME **SMITH, TODD E**  
STREET ADDRESS **12364 COUNTRY RD**  
CITY-ST-ZIP **SAINT LOUIS, MO 63141**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

**1/16/07 314-739-9878**