

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008165

FILED  
Apr 30, 2008  
Secretary of State

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

**Current Principal Place of Business:**

1016 FORT MASON DRIVE  
EUSTIS, FL 32726

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 30-0127330

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SMITH, DOROTHY D  
Address: 1016 FORT MASON DRIVE  
City-St-Zip: EUSTIS, FL 32726

Title: D ( ) Delete  
Name: SMITH, BRICE R III  
Address: 102 JEFFERSON ROAD  
City-St-Zip: WEBSTER GROVES, MO 63119

Title: D ( ) Delete  
Name: TRAU SCHT, VICTORIA S  
Address: 19561 UNIVERSITY DRIVE  
City-St-Zip: MUNDELEIN, IL 60060

Title: D ( ) Delete  
Name: SMITH-NORMAN, HOLLIS M  
Address: 341 MAPLE  
City-St-Zip: WEBSTER GROVES, MO 63119

Title: D ( ) Delete  
Name: SMITH, KAREN C  
Address: 12639 BRADFORD HILLS  
City-St-Zip: ST. LOUIS, MO 63127

Title: SD ( ) Delete  
Name: SMITH, TODD E  
Address: 12364 COUNTRY RD  
City-St-Zip: SAINT LOUIS, MO 63141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATT PERLOW

ATTY

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date