

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N04476 (0)

1. Corporation Name

THE UNIVERSITY OF FLORIDA TAYLOR COUNTY GATOR CLUB, INC.

Principal Place of Business

Mailing Address

C/O FRED W. OGILVIE  
207 DOGWOOD LANE  
PERRY FL 32347

C/O FRED W. OGILVIE  
207 DOGWOOD LANE  
PERRY FL 32347



3. Date Incorporated or Qualified

08/01/1984

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2961747

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OGILVIE, FRED W.  
207 DOGWOOD LANE  
PERRY FL 32347

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
ROBBINS, WOODDELL R.  
136 PALMETTO ROAD  
PERRY FL

1.2 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
OGILVIE, FRED W  
207 DOGWOOD LANE  
PERRY FL

1.3 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MEISSNER, STELLA  
P.O. BOX 1304  
PERRY FL

1.4 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
CULBREATH, BETTY  
103 PINE CREST DRIVE  
PERRY FL

1.5 TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
CULBREATH, ERIC  
103 PINE CREST DR  
PERRY FL

1.6 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BUTLER, LOUISE R.  
2373 BYRON BUTLER PKY#6A  
PERRY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
300001873493  
-06/24/96--01049--001  
\*\*\*70.00

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
P/D  
Meissner, Stella  
P.O. Box 1304 Route 2, Box 203  
Perry, Florida

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
D  
Culbreath, Betty  
103 Pine Crest Drive  
Perry, Florida

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
T/D  
Meissner, Robert W  
P.O. Box 1304 Route 2, Box 203  
Perry, Florida

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Fred W Ogilvie  
Fred W. Ogilvie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96

Date

(904) 584-4308

Daytime Phone #

CR2E037 (12/95)