

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 # N05990 (9)

1. Corporation Name

THE UNIVERSITY OF FLORIDA PLANT CITY GATOR CLUB, INC.



Principal Place of Business

C/O MARK POPPELL
503 WEST HAINES STREET
PLANT CITY FL 33566

Mailing Address

C/O MARK POPPELL
503 WEST HAINES STREET
PLANT CITY FL 33566

3. Date Incorporated or Qualified
11/02/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2486361

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POPPELL, MARK
503 WEST HAINES STREET
PLANT CITY FL 33566

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

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

PD
ROBERTSON, HILTON F.
203 HOWARD ST.
PLANT CITY FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

VD
FUTCH, CARSON
3680 SWINDELL RD.
PLANT CITY FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

VD
PAGE, JOHNNY D., JR.
RT. 2, BOX 907
DOVER FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

SD
BENDER, JANE
3009 JIM JOHNSON RD.
PLANT CITY FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

D
POPPELL, MARK
P.O. BOX 98 N/A
PLANT CITY FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

TD
HARRELL, WAYNE
602 E ALEXANDER ST APT91
PLANT CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

Wayne Harrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

941-688-1188

DATE

Daytime Phone #

CR2E037 (12/95)