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FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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
212 NORTH COLLINS STREET
PLANT CITY FL 33566

Mailing Address
212 NORTH COLLINS STREET
PLANT CITY FL 33566



3. Date Incorporated or Qualified

11/02/1984

4. FEI Number

59-2486361

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUCHMAN, KENNETH W
212 NORTH COLLINS 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

4-16-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KEEL, BILLY
STREET ADDRESS 1705 PADDOCK DRIVE
CITY-ST-ZIP PLANT CITY FL 33587

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME KNOTTS, ANDY
STREET ADDRESS 701 N. WARNELL STREET
CITY-ST-ZIP PLANT CITY FL 33586

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME COTON, DANNY
STREET ADDRESS 2888 HAMMOCK DRIVE
CITY-ST-ZIP PLANT CITY FL 33587

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME HARRELL, WAYNE
STREET ADDRESS 4004 CONCORD WAY
CITY-ST-ZIP PLANT CITY FL 33587

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME BUCHMAN, KENNETH W
STREET ADDRESS 212 NORTH COLLINS STREET
CITY-ST-ZIP PLANT CITY FL 33586

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE IPO
NAME POPPELL, MARK
STREET ADDRESS 503 W. HAINES STREET
CITY-ST-ZIP PLANT CITY FL 33586

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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:

SIGNATURE

4-16-98 813-752-3172

CR2E037 (10/97)