

FILE NQW: FILING FEE IS \$61.25

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90028 020 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05990

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country 29 30

3. Date Incorporated or Qualified

11/02/1984

4. FEI Number
59-2486361

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

9. Name and Address of Current Registered Agent

**BUCHMAN, KENNETH W
212 NORTH COLLINS STREET
PLANT CITY FL 33566**

10. Name and Address of New Registered Agent

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 **PD** ☐ DELETE
NAME **KEEL, BILLY**
STREET ADDRESS **1705 PADDOCK DRIVE**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **VD** ☐ DELETE
NAME **KNOTTS, ANDY**
STREET ADDRESS **701 N. WARNELL STREET**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **VD** ☐ DELETE
NAME **COTON, DANNY**
STREET ADDRESS **2888 HAMMOCK DRIVE**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **TD** ☐ DELETE
NAME **HARRELL, WAYNE**
STREET ADDRESS **4004 CONCORD WAY**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **SD** ☐ DELETE
NAME **BUCHMAN, KENNETH W**
STREET ADDRESS **212 NORTH COLLINS STREET**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **IPD** ☐ DELETE
NAME **POPPELL, MARK**
STREET ADDRESS **503 W. HAINES STREET**
CITY-ST-ZIP **PLANT CITY FL 33566**

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

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

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

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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/99

813-752-3122

303-565-1

CR2E037 (1/98)