

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05990

1. Entity Name

THE UNIVERSITY OF FLORIDA PLANT CITY GATOR CLUB,

Principal Place of Business

212 NORTH COLLINS STREET  
PLANT CITY FL 33566

Mailing Address

212 NORTH COLLINS STREET  
PLANT CITY FL 33566-3314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2486361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00

Date

813-752-3172

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)