

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90302 022 \*\*\*\*61.25

**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**

2. Principal Place of Business

**P.O. Box 5**

3. Mailing Address

**P.O. Box 5**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Plant City - FL**

City & State

**Plant City - FL**

Zip

**33566**

Country

**USA**

Zip

**33566**

Country

**USA**

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

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

7. Name and Address of New Registered Agent

Name

**Dame**

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

**1012 Redbud Circle**

**Plant City**

City

**FL**

Zip Code

**33566**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**4/19/01**

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

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**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1012 Redbud Circle**  
 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:

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

**April 19, 2001**  
 Date

**813-707-8652**  
 Daytime Phone #

CR2E037 (10/00)