

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N05990**

1. Entity Name

**THE UNIVERSITY OF FLORIDA PLANT CITY GATOR CLUB,
INC.**

Principal Place of Business

Mailing Address

**PO BOX 5
PLANT CITY FL 33566****PO BOX 5
PLANT CITY FL 33566**

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
1012 REDBUD CIRCLE
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 \$61.259. 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	<input type="checkbox"/> Delete
NAME	KEEL, BILLY	
STREET ADDRESS	1705 PADDOCK DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33567	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	KNOTTS, ANDY	
STREET ADDRESS	701 N. WARNELL STREET	
CITY-ST-ZIP	PLANT CITY FL 33566	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	COTON, DANNY	
STREET ADDRESS	2888 HAMMOCK DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33567	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	HARRELL, WAYNE	
STREET ADDRESS	4004 CONCORD WAY	
CITY-ST-ZIP	PLANT CITY FL 33567	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	BUCHMAN, KENNETH W	
STREET ADDRESS	1012 REDBUD CIRCLE	
CITY-ST-ZIP	PLANT CITY FL 33566	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	IPD	<input type="checkbox"/> Delete
NAME	POPPELL, MARK	
STREET ADDRESS	503 W. HAINES STREET	
CITY-ST-ZIP	PLANT CITY FL 33566	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90027 034 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)