

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90660 016 \*\*\*\*61.25

**DOCUMENT # N05990**

1. Entity Name

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



Principal Place of Business

**PO BOX 5  
PLANT CITY FL 33566**

Mailing Address

**PO BOX 5  
PLANT CITY FL 33566**

70040304



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2486361**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BUCHMAN, KENNETH W  
1012 REDBUD CIRCLE  
PLANT CITY FL 33566**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD KEEL, BILLY	1705 PADDOCK DRIVE	PLANT CITY FL 33567				
	VD KNOTTS, ANDY	701 N. WARNELL STREET	PLANT CITY FL 33566				
	VD COTON, DANNY	2888 HAMMOCK DRIVE	PLANT CITY FL 33567				
	TD HARRELL, WAYNE	4004 CONCORD WAY	PLANT CITY FL 33567				
	SD BUCHMAN, KENNETH W	1012 REDBUD CIRCLE	PLANT CITY FL 33566				
	IPD POPPELL, MARK	503 W. HAINES STREET	PLANT CITY FL 33566				

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** Kenneth W. Buchman 3/13/03 813-619-4242

CR2E037 (10/02)