

2001 UNIFORM BUSINESS REPORT (UBR)

S/1

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-17-2001 90398 006 ****61.25

DOCUMENT # N10890

1. Entity Name

THE UNIVERSITY OF FLORIDA CHIPOLA GATOR CLUB, IN

Principal Place of Business

3025 6TH STREET
 705 6TH STREET
 MARIANNA FL 32446
 US

Mailing Address

P.O. BOX 1508
 MARIANNA FL 32447
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO Box 240

Suite, Apt. #, etc.

City & State

Malone, FL

Zip

32445

Country

4. FEI Number

59-2980254

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FUQUA, H. M
4450 LAFAYETTE ST.
MARIANNA FL 32446

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.

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, LELAND C	
STREET ADDRESS	2953 DANIELS ST	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCQUAGGE, BILL	
STREET ADDRESS	4583 OAKWOOD DR	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	T	<input type="checkbox"/> Delete
NAME	DONNA ROGERS	
STREET ADDRESS	5406 HIGHWAY 2	
CITY-ST-ZIP	MALONE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCQUAGGE, MRS BILL	
STREET ADDRESS	4583 OAKWOOD DR	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	H. MATTHEW FUQUA	
STREET ADDRESS	2878 MAGNOLIA BLOSSOM RD.	
CITY-ST-ZIP	MARIANNA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ebby Harr is	
STREET ADDRESS	4676 Hillcrest Dr	
CITY-ST-ZIP	MARIANNA, FL. 32446	
TITLE	Past President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayman Honeyham	
STREET ADDRESS	3177 College Ave	
CITY-ST-ZIP	Marianna, Fl. 32446	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken Anderson	
STREET ADDRESS	3407 Old U.S. Rd.	
CITY-ST-ZIP	Marianna, Fl. 32446	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jawice McLaulin	
STREET ADDRESS	4415 Lucien St.	
CITY-ST-ZIP	Marianna, Fl. 32446	

CR2E037 (10/00)

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 and personally 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 to this report, with a copy of the amended report.

SIGNATURE:

BILL MCQUAGGE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-5-01 (850) 526-3910

Attachment
71960
HN10890

June 6, 2001

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Reference Number: ~~N10890~~
Subject: The University of Florida Chipola Gator Club, Inc.


I am returning the annual report/uniform business report for The University of Florida Chipola Gator Club, Inc., with the corrections noted in your letter dated May 30, 2001. The following list is the title(s) of each officer/director:

PD	Ebby Harris 4616 Hillcrest Drive Marianna, FL 32446	VP	Janice McLaulin 4415 Lucien Street Marianna, FL 32446
T	Donna F. Rogers P.O. Box 240 Malone, FL 32445	D	Waymon Moneyham 3177 College Avenue Marianna, FL 32446
D	Ken Anderson 3407 Old U.S. Road Marianna, FL 32446		

Please delete Leland Thomas, Bill McQuagge, Mrs. Bill McQuagge, H. Matthew Fuqua from the list of officers and directors.

If further information is needed, please contact me at (850)526-3910 or mail to P.O. Box 240, Malone, FL 32445.

Thank you,


Donna F. Rogers
Treasurer