

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24587

1. Entity Name

FLORIDA ALLIGATOR TRAPPERS ASSOCIATION, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90125 024 ****61.25

Principal Place of Business

P O BOX 1171
P. O. BOX 3134
GREEN COVE SPRINGS FL 32043
US

Mailing Address

P O BOX 1171
P. O. BOX 3134
GREEN COVE SPRINGS FL 32043-1171
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0221183**

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

MATTOX, DAVID E
1829 FUZZY LN
P.O. BOX 1171
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name

FRENCH, John R

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

17530 NALLE RD.

City

N FT MYERS FL

Zip Code

33917

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 **D** ☐ Delete
NAME **FRENCH, JOHN R**
STREET ADDRESS **17530 NALLE RD**
CITY-ST-ZIP **N FT MEYRS FL**

TITLE **DST** ☒ Delete
NAME **MATTOX, DAVID**
STREET ADDRESS **8755 BATTEN RD**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **DP** ☐ Delete
NAME **TAFF, HOUSTON**
STREET ADDRESS **RT 3 BOX 5061**
CITY-ST-ZIP **CRAWFORDVILLE FL**

TITLE **D** ☐ Delete
NAME **WOOLARD, JOHN**
STREET ADDRESS **P O BOX 1846, N A**
CITY-ST-ZIP **STUART FL**

TITLE **DVP** ☐ Delete
NAME **STRATTON, RUFUS**
STREET ADDRESS **3151 STRATTON BLVD**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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CITY-ST-ZIP

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CITY-ST-ZIP

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

2-4-00

941-543-3127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)