

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N24587**

1. Entity Name

FLORIDA ALLIGATOR TRAPPERS ASSOCIATION, INC.

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90021 046 ****61.25

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

17530 NALLE RD

17530 NALLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. FT. MYERS, FL

N. FT. MYERS, FL

Zip

Country

Zip

Country

33917

US

33917

US

4. FEI Number

65-0221183

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

FRENCH, JOHN R
17530 NALLE RD
FORT MYERS FL 33917

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

John R French

JOHN R FRENCH

1-29-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

John R French

1-29-01

941-543-3127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)