

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90146 028 *****61.25

DOCUMENT # N24587

1. Entity Name

FLORIDA ALLIGATOR TRAPPERS ASSOCIATION, INC.



Principal Place of Business

**17530 NALLE RD
N FORT MYERS FL 33917
US**

Mailing Address

**17530 NALLE RD
N FORT MYERS FL 33917
US**

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

SIGNATURE

John R French

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-03

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	D	<input type="checkbox"/> Delete
NAME	FRENCH, JOHN R	
STREET ADDRESS	17530 NALLE RD	
CITY-ST-ZIP	N FT MEYRS FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	TAFF, HOUSTON	
STREET ADDRESS	RT 3 BOX 5061	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOLARD, JOHN	
STREET ADDRESS	P O BOX 1846, N A	
CITY-ST-ZIP	STUART FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	STRATTON, RUFUS	
STREET ADDRESS	3151 STRATTON BLVD	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

John R French

REQUIRED

4-12-03

CR2E037 (10/02)