

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25613

1. Entity Name

GATORNATIONALS BOOSTER CLUB OF GAINESVILLE, FLORIDA, INC.

Principal Place of Business

313 SE 38TH STREET  
GAINESVILLE FL 32641

Mailing Address

PO BOX 13221  
GAINESVILLE FL 32604-1221

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

59-3268257

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

KRAMER, JOHN L  
2250 NW 24TH AVENUE  
GAINESVILLE FL 32605

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DD  
ABBOTT, IRA G  
318 SE 38TH STREET  
GAINESVILLE FL 32641

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

SD  
GRIGGS, ERNIE JR  
% OCALA TIRE, P.O. BOX 3595  
OCALA FL 34478

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TD  
KRAMER, JOHN L  
2250 NW 24 AVE.  
GAINESVILLE FL 32605

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VP  
WALLS, CARL  
6401 SW 35TH WAY  
GAINESVILLE FL 32605

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02 352.392.0155  
Date Daytime Phone #

FILED  
Feb 07, 2002 8:00 am  
Secretary of State

02-07-2002 90056 002 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)