

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40030 (1)

1. Corporation Name

THE UNIVERSITY OF FLORIDA HISTORIC ST. AUGUSTINE
GATOR CLUB, INC.



Principal Place of Business

Mailing Address

C/O KEN HAGLER
3 PALM ROW
ST AUGUSTINE FL 32084
US

C/O KEN HAGLER
3 PALM ROW
ST AUGUSTINE FL 32084
US

3. Date Incorporated or Qualified
09/18/1990

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3187567

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAGLER, KEN
3 PALM ROW
ST AUGUSTINE FL 32084

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HAGLER, KENNETH D ESO
STREET ADDRESS 3 PALM ROW
CITY-ST-ZIP ST AUGUSTINE FL

☒ DELETE

TITLE VD
NAME MCGUINNESS, JACK
STREET ADDRESS 36 "C" SARAGOSSA ST
CITY-ST-ZIP ST. AUGUSTINE FL

☒ DELETE

TITLE SD
NAME NUTTALL, AMY
STREET ADDRESS 28 SIDNEY ST.
CITY-ST-ZIP ST. AUGUSTINE FL

☐ DELETE

TITLE TD
NAME COBB, DONALD CPA
STREET ADDRESS 100 ARRICOLA AVE.
CITY-ST-ZIP ST. AUGUSTINE FL

☐ DELETE

TITLE D
NAME COLSON, MARY A
STREET ADDRESS 1054 SAN RAFAEL ST.
CITY-ST-ZIP ST. AUGUSTINE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Jack Mc Guinness P/O
6 Saragossa St.
St. Augustine, Fla 32084

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Ken Hagler
3 Palm Row
St. Augustine, Fla 32084

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

James Garrison V/O
25-A Atlantic Oaks Circle
St. Augustine, Fla

☐ Change

☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ken Hagler Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96
Date

(904) 824-7700
Daytime Phone #

CR2E037 (12/95)