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Feb 07 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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  
USC/O KEN HAGLER  
3 PALM ROW  
ST AUGUSTINE FL 32084-4408  
US

3. Date Incorporated or Qualified

09/18/1990

3a. Date of Last Report

03/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3187567

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

HAGLER, KEN  
3 PALM ROW  
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

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

KEN HAGLER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-97

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MCGUINNESS, JACK  
STREET ADDRESS 6 SARAGOSSA ST  
CITY-ST-ZIP ST AUGUSTINE FL  
☐ DELETETITLE D  
NAME HAGLER, KEN  
STREET ADDRESS 3 PALM ROW  
CITY-ST-ZIP ST. AUGUSTINE FL  
☐ DELETETITLE SD  
NAME NUTTALL, AMY  
STREET ADDRESS 28 SIDNEY ST.  
CITY-ST-ZIP ST. AUGUSTINE FL  
☐ DELETETITLE TD  
NAME COBB, DONALD CPA  
STREET ADDRESS 100 ARRICOLA AVE.  
CITY-ST-ZIP ST. AUGUSTINE FL  
☐ DELETETITLE D  
NAME COLSON, MARY A  
STREET ADDRESS 1054 SAN RAFAEL ST.  
CITY-ST-ZIP ST. AUGUSTINE FL  
☐ DELETETITLE VD  
NAME GARRISON, JAMES  
STREET ADDRESS 25-A ATLANTIC OAKS CIR  
CITY-ST-ZIP ST AUGUSTINE FL  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 D. Hagler - Director

Jan 7, 1996

(904) 824-7700

CR2E037 (9/96)