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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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~~ P.O. Box 4365
ST AUGUSTINE FL 32084
US**

3. Date Incorporated or Qualified

09/18/1990

4. FEI Number

59-3187567

Applied For

Not Applicable

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

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 **Director** ☐ DELETE

NAME **MCGUINNESS, JACK**
STREET ADDRESS **6 SARAGOSSA ST**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **D** ☐ DELETE

NAME **HAGLER, KEN**
STREET ADDRESS **3 PALM ROW**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **SD** ☐ DELETE

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

TITLE **TD** ☒ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **President / Director** ☐ DELETE

NAME **GARRISON, JAMES**
STREET ADDRESS **25-A ATLANTIC OAKS CIR**
CITY-ST-ZIP **ST AUGUSTINE FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

James Garrison

Date

Daytime Phone # 0001300

CR2E037 (10/97)