

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90209 043 ****61.25

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DOCUMENT # N40030

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

C/O KEN HAGLER
P.O. BOX 4365
ST AUGUSTINE FL 32084
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/18/1990

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D ☐ 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 NUTTALL, AMY
STREET ADDRESS 28 SYDNEY ST
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 PD ☐ DELETE

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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, with all other like empowered.

SIGNATURE:

James W. Garrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-904-
825-3402

CR2E037 (11/98)