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Mar 23, 1999 8:00 am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N93000001985

1. Corporation Name

GATORTOWN GATORS, INC.

Principal Place of Business

PO BOX 90255
GAINESVILLE FL 32607
US

Mailing Address

PO BOX 90255
GAINESVILLE FL 32607
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/29/1993

4. FEI Number

59-3105832

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

BOE, RICHARD
1300 NW 31ST STREET
GAINESVILLE FL 32605

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	<input type="checkbox"/> DELETE
NAME	BOE, RICHARD	
STREET ADDRESS	1300 NW 31 STREET	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BEEBE, ROBERT	
STREET ADDRESS	4000 NW 51ST STREET, APT. F-108	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, ELIZABETH	
STREET ADDRESS	1598 NW 19TH CIRCLE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROBERTSON, JERREL	
STREET ADDRESS	61 TURKEY CREEK	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SANGE SICKON
3.3 STREET ADDRESS	4211 NW 23rd Terrace
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32605
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PRESIDENT Elect
5.3 STREET ADDRESS	ADKINS, MILTON
5.4 CITY-ST-ZIP	4322 NW 10th PLANE
	GAINESVILLE FLA 32605
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

JERREL ROBERTSON, JERREL ROBERTSON, TREASURER

Date

Daytime Phone #

3/19/99 (904) 462-0617

CR2E037 (11/98)