

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001985

1. Entity Name

GATORTOWN GATORS, INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-02-2000 90050 033 ****61.25

Principal Place of Business

Mailing Address

PO BOX 90255
GAINESVILLE FL 32607
US

PO BOX 90255
GAINESVILLE FL 32607-0255
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3105832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOE, RICHARD
1300 NW 31ST STREET
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

Name

ADKINS, MILTON

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

4322 NW 10TH PL

City

GAINESVILLE

FL

Zip Code

32605

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOE, RICHARD	
STREET ADDRESS	1300 NW 31 STREET	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	PD	<input checked="" 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	SICKON, ANGE	
STREET ADDRESS	4211 N W 23RD TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTSON, JERREL	
STREET ADDRESS	61 TURKEY CREEK	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	PE	<input checked="" type="checkbox"/> Delete
NAME	ADKINS, MILTON	
STREET ADDRESS	4322 N W 10TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKINS, MILTON	
STREET ADDRESS	4322 NW 10TH PL	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	PRES ELEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAULS, WILLIE	
STREET ADDRESS	9330 SW 46TH PL	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMMERBERG, ROBERT	
STREET ADDRESS	21326 NW 62ND AVE	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINTERMISTER, BARBARA	
STREET ADDRESS	8107 SW 55TH PL	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	PAST PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEEBE, ROBERT	
STREET ADDRESS	4000 NW 51ST ST, APT F-108	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert A. Timmerberg* TREAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000 904 462-0180

Date

Daytime Phone #

CR2E037 (9/99)