

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State
 04-06-2001 90035 047 *****61.25

DOCUMENT # N93000001985

1. Entity Name

GATORTOWN GATORS, INC.

Principal Place of Business

Mailing Address

PO BOX 90255
 GAINESVILLE FL 32607
 US

PO BOX 90255
 GAINESVILLE FL 32607
 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

7. Name and Address of New Registered Agent

Name

NAULLS, WILLIE

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

9330 SW 46TH PLACE

City

GAINESVILLE

FL

Zip Code

32608

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

Willie Naulls

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

(NOTE: Registered Agent signature required when reinstating)

WILLIE NAULLS, PRESIDENT

4-6-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
 NAME **PD**
 STREET ADDRESS **ADKINS, MILTON**
 CITY-ST-ZIP **4322 NW 10TH PL**
GAINESVILLE FL 32605

TITLE ☒ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **NAULLS, WILLIE**
 CITY-ST-ZIP **9330 SW 46TH PLACE**
GAINESVILLE, FL 32608

TITLE ☒ Delete
 NAME **PED**
 STREET ADDRESS **NAULLS, WILLIE**
 CITY-ST-ZIP **9330 SW 46TH PL**
GAINESVILLE FL 32608

TITLE ☒ Change ☐ Addition
 NAME **PEO**
 STREET ADDRESS **PARRISH, JAMES**
 CITY-ST-ZIP **156 TURKEY CREEK**
ALACHUA, FL 32615

TITLE ☒ Delete
 NAME **TD**
 STREET ADDRESS **TIMMERBERG, ROBERT**
 CITY-ST-ZIP **21326 NW 62ND AVE**
ALACHUA FL 32615

TITLE ☒ Change ☐ Addition
 NAME **TD**
 STREET ADDRESS **ZIMMERMAN, GLEN**
 CITY-ST-ZIP **9350 SW 46TH PLACE**
GAINESVILLE, FL 32608

TITLE ☒ Delete
 NAME **SD**
 STREET ADDRESS **HINTERMISTER, BARBARA**
 CITY-ST-ZIP **3107 SW 55TH PL**
GAINESVILLE FL 32608

TITLE ☒ Change ☐ Addition
 NAME **SD**
 STREET ADDRESS **NAULLS, ANNE**
 CITY-ST-ZIP **9330 SW 46TH PLACE**
GAINESVILLE, FL 32608

TITLE ☒ Delete
 NAME **PPD**
 STREET ADDRESS **BEEBE, ROBERT**
 CITY-ST-ZIP **4000 NW 51ST ST, APT F-108**
GAINESVILLE FL 32606

TITLE ☒ Change ☐ Addition
 NAME **PPD**
 STREET ADDRESS **ADKINS, MILTON**
 CITY-ST-ZIP **4322 NW 10TH PLACE**
GAINESVILLE, FL 32605

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 or without other like empowered.

SIGNATURE:

Glen Zimmerman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GLEN ZIMMERMAN 5 April 2001 (352) 373-2881

CR2E037 (10/00)