

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90176 014 \*\*\*\*61.25

**DOCUMENT # N93000001985**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

HOBELMANN, STEVE  
6928 SW 84TH DR  
GAINESVILLE FL 32606

Name **JAMES PARRISH**

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

**156 Turkey Creek**

City **Gainesville**

**FL**

Zip Code **32615**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ☒

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**APRIL 11, 2006**

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME HOBELMANN, STEVE  
STREET ADDRESS 6928 SW 84 DR  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE PPD ☐ Delete  
NAME ARNETTE, JOHNNY  
STREET ADDRESS 4625 NW 21ST TERR.  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE TD ☐ Delete  
NAME GWINN, ELLEN  
STREET ADDRESS 1525 NW 91 TERR  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE SD ☒ Delete  
NAME ARNETTE, BETTY  
STREET ADDRESS 4625 NW 21ST TERR.  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE PED ☒ Delete  
NAME HOBELMANN, STEVE  
STREET ADDRESS 1605 FT. CLARK BLVD #1102  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PAST PRESIDENT - PPD** ☒ Change ☐ Addition  
NAME **STEVE HOBELMANN**  
STREET ADDRESS **6928 SW 84 DR**  
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PRESIDENT ELECT PED** ☐ Change ☒ Addition  
NAME **TOM BUBY**  
STREET ADDRESS **P.O. Box 13004**  
CITY-ST-ZIP **GAINESVILLE, FL 32604**

TITLE **SECRETARY SD** ☐ Change ☒ Addition  
NAME **LINDA BUBY**  
STREET ADDRESS **P.O. Box 13004**  
CITY-ST-ZIP **GAINESVILLE, FL 32604**

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 exemptions contained in Section 119, 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:

**Ellen Gwin**

**Treasurer**

**APRIL 11, 2006 352 332-9513**