NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91514 035 ****61.25

DOCUMENT # P03000001985

1. Entity Name
GaTorTown GaTors, INC

10089866

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 90255 Suite, Apt. #, etc.
City & State	City & State: Gainesville, FL.
Zip / Country	Zip: 32607 / Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Rhesa BosTick
Street Address (P.O. Box Number is Not Acceptable): 1594 NW 19th Circle
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Rhesa BosTick — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 4-23-03

FEE IS $61.25
Initial or Amended UBR

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
NAME	Rhesa BosTick
STREET ADDRESS	1594 NW 19th Circle
CITY-ST-ZIP	Gainesville, FL. 32605
TITLE	D
NAME	James Parrish
STREET ADDRESS	156 Turkey Creek
CITY-ST-ZIP	Alachua, FL. 32615
TITLE	TD
NAME	Robert Curti
STREET ADDRESS	4508 NW 36th Terr.
CITY-ST-ZIP	Gainesville, FL 32605
TITLE	SD
NAME	Mary Alice Baer
STREET ADDRESS	2604 SW 8th Dr.
CITY-ST-ZIP	Gainesville, FL. 32601
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NAME	
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Curti, Robert Curti — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-23-03 — Daytime Phone #: (352) 384-0173