

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002453

1. Entity Name

AMERICAN ALLIGATOR CYCLE OF PROTECTION, INC.

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90069 033 ****70.00

Principal Place of Business

Mailing Address

15911 LAKE IOLA RD
DADE CITY FL 33523
US

PO BOX 1637
DADE CITY FL 33526-1637
US

80051918



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3211965

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FAGAN, J.M. (MIKE)
15911 LAKE IOLA RD
DADE CITY FL

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME FAGAN, J.M. (MIKE)
STREET ADDRESS 15911 LAKE IOLA RD
CITY-ST-ZIP DADE CITY FL 33523

TITLE D ☐ Change ☒ Addition
NAME Gene McMillan
STREET ADDRESS 9751 W Bahi Vista
CITY-ST-ZIP Ft. Myers, FL 33917

TITLE D ☒ Delete
NAME REGISTER, ALLEN
STREET ADDRESS PO BOX 101
CITY-ST-ZIP PALMDALE FL 33944

TITLE D ☐ Change ☒ Addition
NAME Mike Ragusa
STREET ADDRESS PO Box 2892
CITY-ST-ZIP Hammond, LA 70404

TITLE D ☒ Delete
NAME HINES, TOMMY
STREET ADDRESS 1314 SW 186TH ST
CITY-ST-ZIP NEWBERRY FL 32669

TITLE D ☐ Change ☒ Addition
NAME Dr. Bonnie Belleau
STREET ADDRESS 137 Human Ecology Bldg.
CITY-ST-ZIP Baton Rouge, LA 70803

TITLE DVP ☒ Delete
NAME PARROTT, G. O
STREET ADDRESS P.O. BOX 892 N/A
CITY-ST-ZIP BUSHNELL FL 33513

TITLE D ☐ Change ☒ Addition
NAME Harold Morrow
STREET ADDRESS 21004 Lockhear Rd.
CITY-ST-ZIP Dade City, FL 33523

TITLE ST ☐ Delete
NAME WILLIAMS, TIM
STREET ADDRESS 6517 CHIPPENDALE
CITY-ST-ZIP LAKELAND FL 33809

TITLE D ☐ Change ☒ Addition
NAME Lyanne Lawhead
STREET ADDRESS P.O. Box 986
CITY-ST-ZIP Dade City, FL 33526

TITLE D ☐ Delete
NAME ACKERLY, JOHN Jon
STREET ADDRESS P O BOX 2000 N/A
CITY-ST-ZIP MULBERRY FL 33860

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:

[Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02

Date

352/588-3337

Daytime Phone #

CR2E037 (9/01)