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NONPROFIT CORPORATION ANNUAL REPORT

1999 /2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 29 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005775

1. Corporation Name

CAMPTOWN FIGHTING GATOR CLUB, INC.

Principal Place of Business / Mailing Address

CAMPTOWN FIGHTING GATOR CLUB, INC.
605 St. Augustine South Drive
St. Augustine, FL 32086

2. Principal Place of Business 21 605 St. Augustine So. Dr. Suite, Apt. #, etc. 22 City & State 23 St. Augustine, FL Zip / Country 24 32086 25 USA	2a. Mailing Address 26 605 St. Augustine So. Dr. Suite, Apt. #, etc. 27 City & State 28 St. Augustine, FL Zip / Country 29 32086 30 USA	3. Date Incorporated or Qualifed 12/27/1993 4. FEI Number 59-3215970 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

Estela DuPont
2236 Shore Drive
St. Augustine, Fl 32086

10. Name and Address of New Registered Agent

81 Name: Ludy Beaver
82 Street Address (P.O. Box Number is Not Acceptable): 605 St. Augustine South Drive
83
84 City: St. Augustine FL 85 Zip Code: 32086

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE LUDY BEAVER — Signature, typed or printed name of registered agent and title if applicable. — Ludy Beaver (NOTE: Registered Agent signature required when reinstating) — DATE 09/20/1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☒ DELETE	1.1 TITLE	President / Directors ☒ Change ☐ Addition
NAME	Ludy Beaver	1.2 NAME	Lisa Brown
STREET ADDRESS	605 St. Augustine South DRive	1.3 STREET ADDRESS	27315 Popiel Road
CITY-ST-ZIP	St. Augustine, FL 32085	1.4 CITY-ST-ZIP	Brooksville, Fl 34602
TITLE	Vice President ☒ DELETE	2.1 TITLE	Vice President / Director ☒ Change ☐ Addition
NAME	Victor Podejko	2.2 NAME	Victor Podejko
STREET ADDRESS	7641 Sunwood Drive	2.3 STREET ADDRESS	7641 Sunwood Drive
CITY-ST-ZIP	Jacksonville, Fl	2.4 CITY-ST-ZIP	Jacksonville, Fl 32256
TITLE	Secretary ☒ DELETE	3.1 TITLE	Secretary / Directors ☒ Change ☐ Addition
NAME	Estela Dupont	3.2 NAME	Ludy Beaver
STREET ADDRESS	2236 Shore Drive	3.3 STREET ADDRESS	605 St. Augustine South Drive
CITY-ST-ZIP	St. Augustine, Fl 32086	3.4 CITY-ST-ZIP	St. Augustine, Fl 32086
TITLE	Treasure ☒ DELETE	4.1 TITLE	Treasure / Directors ☒ Change ☐ Addition
NAME	Bernie Hoone	4.2 NAME	Bernie Hoone
STREET ADDRESS	P.O. Box 1331	4.3 STREET ADDRESS	P.O. Box 1331
CITY-ST-ZIP	Tavares, Fl 32778	4.4 CITY-ST-ZIP	Tavares, Fl 32778
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	800003007548--7
STREET ADDRESS		5.3 STREET ADDRESS	-10/06/99--01074--005
CITY-ST-ZIP		5.4 CITY-ST-ZIP	*****65.00 *****65.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ludy Beaver LUDY BEAVER 9-20-1999 904-797-3815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

as per conversation w/ Ludy Beaver 9-30-99

CR2E037 (11/98)