

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005775

1. Entity Name

CAMPTOWN FIGHTING GATOR CLUB, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90018 023 ****61.25

Principal Place of Business

605 ST. AUGUSTINE S. DR.
ST. AUGUSTINE FL 32086
US

Mailing Address

605 ST. AUGUSTINE S. DR.
ST. AUGUSTINE FL 32086-6211
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3215970**

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

BEAVER, LUDY
605 ST. AUGUSTINE S. DR.
ST. AUGUSTINE FL 32086

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

TITLE **SD**
NAME **BEAVER, LUDY**
STREET ADDRESS **605 ST. AUGUSTINE DR. SOUTH**
CITY-ST-ZIP **ST. AUGUSTINE FL**

☐ Delete

TITLE **VD**
NAME **PODEJKO, VICTOR**
STREET ADDRESS **7641 SUNWOOD DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

☐ Delete

TITLE **PD**
NAME **BROWN, LISA**
STREET ADDRESS **27315 POPIEL ROAD**
CITY-ST-ZIP **BROOKSVILLE FL 34602**

☐ Delete

TITLE **TD**
NAME **HOONE, BERNIE**
STREET ADDRESS **P.O. BOX 1331 N/A**
CITY-ST-ZIP **TAVARES FL 32778**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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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 all other like empowered.

SIGNATURE:

Ludy Beaver **RECEIVED BEAVER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-2K 904-797-3818

Date

Daytime Phone #