

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003611

1. Entity Name

FLORIDA GATOR FEST ASSOCIATION, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90008 015 ****61.25

Principal Place of Business

131 SUNRISE BLVD.
DEBARY FL 32713

Mailing Address

131 SUNRISE BLVD.
DEBARY FL 32713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3251398

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

HOLCOMB, WILLIAM J
131 SUNRISE BLVD.
DEBARY FL 32713

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
After September 13, 2000 min. will be \$236.25

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: PD
NAME: HOLCOMB, BILL
STREET ADDRESS: 131 SUNRISE BLVD.
CITY-ST-ZIP: DEBARY FL

☐ Delete

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

TITLE: D
NAME: ROBERTS, IAN
STREET ADDRESS: 716 MERRIMAC DR
CITY-ST-ZIP: PORT ORANGE FL 32127

☐ Delete

TITLE: D
NAME: ROBERTS, IAN
STREET ADDRESS: 11 MAINSTAIL CIRCLE
CITY-ST-ZIP: ORMOND BEACH, FL.
☒ Change ☐ Addition

TITLE: D
NAME: FULLER, GAYLA
STREET ADDRESS: 21 CANTER CLUB
CITY-ST-ZIP: DEBARY FL

☐ Delete

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

TITLE: TD
NAME: NUTT, PAM
STREET ADDRESS: 34 COMMUNITY DRIVE
CITY-ST-ZIP: DEBARY FL

☐ Delete

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

TITLE: S
NAME: HOLCOMB, CLAUDIA
STREET ADDRESS: 131 SUNRISE BLVD
CITY-ST-ZIP: DEBARY FL

☐ Delete

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

TITLE: VPD
NAME: ALLEN, STONE
STREET ADDRESS: 2088 ALTOONA LANE
CITY-ST-ZIP: DELTONA FL

☐ Delete

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

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: William J. Holcomb, President 8/11/00 (407) 668-7218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)