

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # N94000003611**

1. Entity Name  
**FLORIDA GATOR FEST ASSOCIATION, INC.**

Principal Place of Business: **131 SUNRISE BLVD. DEBARY FL 32713**  
 Mailing Address: **131 SUNRISE BLVD. DEBARY FL 32713**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **59-3251398**  
 Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOLCOMB, WILLIAM J**  
**131 SUNRISE BLVD.**  
**DEBARY FL 32713**

7. Name and Address of New Registered Agent

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

TITLE: PD NAME: HOLCOMB, BILL STREET ADDRESS: 131 SUNRISE BLVD. CITY-ST-ZIP: DEBARY FL	<input type="checkbox"/> Delete
TITLE: D NAME: ROBERTS, IAN STREET ADDRESS: 716 MERRIMAC DR CITY-ST-ZIP: PORT ORANGE FL 32127	<input type="checkbox"/> Delete
TITLE: D NAME: FULLER, GAYLA STREET ADDRESS: 21 CANTER CLUB CITY-ST-ZIP: DEBARY FL	<input type="checkbox"/> Delete
TITLE: TD NAME: NUTT, PAM STREET ADDRESS: 34 COMMUNITY DRIVE CITY-ST-ZIP: DEBARY FL	<input type="checkbox"/> Delete
TITLE: S NAME: HOLCOMB, CLAUDIA STREET ADDRESS: 131 SUNRISE BLVD CITY-ST-ZIP: DEBARY FL	<input type="checkbox"/> Delete
TITLE: VPD NAME: ALLEN, STONE STREET ADDRESS: 2088 ALTOONA LANE CITY-ST-ZIP: DELTONA FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Roberts, Ian STREET ADDRESS: 11 MAINSAIL CIR CITY-ST-ZIP: ORMOND BEACH, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> 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)