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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N94000004162**

1. Corporation Name
GATOR ATTACK CLUB, INC.

Principal Place of Business	Mailing Address
5415 NW 54 DRIVE GAINESVILLE FL 32653 US	P.O. BOX 142464 GAINESVILLE FL 32614 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/17/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3164848 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TREPANIER, DOROTHY
5415 NW 54TH DRIVE
GAINESVILLE FL 32653

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PPD	☒ DELETE	1.1 TITLE	PED	☐ Change ☒ Addition
NAME	TOUGAW, TERRY L		1.2 NAME	TREPANIER, LEE	
STREET ADDRESS	1225 NE 20TH PLACE		1.3 STREET ADDRESS	5415 NW 54TH DR	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	PD	☐ DELETE	2.1 TITLE	PPD	☒ Change ☐ Addition
NAME	TREPANIER, DOROTHY		2.2 NAME	TREPANIER, DOROTHY	
STREET ADDRESS	5415 NW 54TH DRIVE		2.3 STREET ADDRESS	5415 NW 54 DR	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	PED	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	BURGESS, JAMES		3.2 NAME	BURGESS, JAMES	
STREET ADDRESS	715 NE 7TH TERRACE		3.3 STREET ADDRESS	715 NE 7TH TER	
CITY-ST-ZIP	GAINESVILLE FL 32606		3.4 CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	ST	☒ DELETE	4.1 TITLE	ST	☐ Change ☒ Addition
NAME	HOGLE, AMANDA		4.2 NAME	VARNER, RICK	
STREET ADDRESS	13815 NW 39TH AVE		4.3 STREET ADDRESS	6007 NW 33rd St	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	T	☒ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	RIDLON, CHERYLE L		5.2 NAME	COLLEY, CAROLE	
STREET ADDRESS	7747 NW 20TH DRIVE		5.3 STREET ADDRESS	4811 NW 37TH DR	
CITY-ST-ZIP	GAINESVILLE FL 32640		5.4 CITY-ST-ZIP	GAINESVILLE FL 32605	
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: T. C. Trepanier SIGNATURE REQUIRED 5/17/99 352-371-6083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)