2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
03-08-2001 90027 038 ****61.25

DOCUMENT # N94000004162

1. Entity Name

GATOR ATTACK CLUB, INC.

817163

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-3164848 ☐ Applied For ☐ Not Applicable

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
TREPANIER, DOROTHY 5415 NW 54TH DRIVE GAINESVILLE FL 32653	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~TREPANICE~~, LEE 5415 NW 54TH DRIVE GAINESVILLE FL 32653	☐ Delete	PPD TREPANIER, LEE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MUNYER, TOM 1945 NW 22ND ST GAINESVILLE FL 32605	☒ Delete	ST HAYES-CHRISTIANSEN, CAROL 3725 S.W. 3rd PL GAINESVILLE FL 32607	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD BURGESS, JAMES 715 NE 7TH TERRACE GAINESVILLE FL 32606	☒ Delete	PED WIEBELD, STEPHEN 2827 SW 38th PL GAINESVILLE FL 32608	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED VARNER, RICK 6007 NW 33RD ST GAINESVILLE FL 32653	☐ Delete	PRES	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COLLEY, CAROLE 4811 NW 37TH DR GAINESVILLE FL 32605	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED 3/5/01 955-6701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #