

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004162

1. Entity 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

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

TITLE	PD	☒ Delete
NAME	TREPANIER, LEE	
STREET ADDRESS	5415 NW 54TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	PED	☒ Delete
NAME	WIEBELD, STEPHEN	
STREET ADDRESS	2827 SW 38TH PL	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	P	☐ Delete
NAME	VARNER, RICK	
STREET ADDRESS	6007 NW 33RD ST	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	T	☒ Delete
NAME	COLLEY, CAROLE	
STREET ADDRESS	4811 NW 37TH DR	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	ST	☐ Delete
NAME	HAYES-CHRISTIANSEN, CAROL	
STREET ADDRESS	3725 SW 3RD PL	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PED	☐ Change ☒ Addition
NAME	Parrish, Betty	
STREET ADDRESS	156 Turkey Creek	
CITY-ST-ZIP	Alachua, FL 32615	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	☐ Change ☒ Addition
NAME	Popp, Ruthie Jo	
STREET ADDRESS	3424 NW 110th Terrace	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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:

Ruthie Jo Popp

Ruthie Jo Popp

3/21/02

352-332-2691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90030 005 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)