

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004801

1. Entity Name

GATOR PRIDE BOOSTER CLUB, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90230 038 ****61.25

0023296

Principal Place of Business

Mailing Address

1880 S TREASURE DR
48
MIAMI FL 33141

1880 S TREASURE DR
48
MIAMI FL 33141

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

65-0613865

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

LATSHAW, DONNA
8825 SW 154 TERRACE
MIAMI FL 33157

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 D ☐ Delete
NAME LATSHAW, DONNA
STREET ADDRESS 18825 SW 154 TERRACE
CITY-ST-ZIP MIAMI FL 33157

TITLE ☒ Change ☐ Addition
NAME 8825
STREET ADDRESS 8825
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LATSHAW, CHARLES
STREET ADDRESS 18825 SW 154 TERRACE
CITY-ST-ZIP MIAMI FL 33157

TITLE ☒ Change ☐ Addition
NAME 8825
STREET ADDRESS 8825
CITY-ST-ZIP

TITLE D ☐ Delete
NAME AMARIS, SALVADOR
STREET ADDRESS 21 WEST 63 ST
CITY-ST-ZIP HIALEAH FL 33012

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Donna Latshaw

1-9-02 X2269
305-362-0676

CP2E037 (9/01)