

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001531

1. Entity Name

GAINESVILLE GATORS SOFTBALL TEAM, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90181 005 ****61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 4311
GAINESVILLE FL 32613-4311

POST OFFICE BOX 4311
GAINESVILLE FL 32613-4311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3510569

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KRAUS, TERESA
2635 SW 35TH PLACE STE 1301
GAINESVILLE FL 32608

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 ☐ Delete
NAME D
STREET ADDRESS KNECHT, TERRI
CITY-ST-ZIP 11705 SW 143 RD ST
ARCHER FL 32618

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

TITLE ☐ Delete
NAME TAD
STREET ADDRESS KRAUS, TERESA
CITY-ST-ZIP 2635 SW 35TH PL SUITE 1301
GAINESVILLE FL 32608

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

TITLE ☒ Delete
NAME T
STREET ADDRESS HILLMAN, CARL
CITY-ST-ZIP 506 NW 30TH ST
GAINESVILLE FL 32607

TITLE ☒ Change ☐ Addition
NAME Treasurer
STREET ADDRESS Shian Sparks
CITY-ST-ZIP 13596 CR 231 Brooker FL 32622

TITLE ☐ Delete
NAME MT
STREET ADDRESS VOYLES, KAREN
CITY-ST-ZIP RT 1 BOX 905
NEWBERRY FL 32669

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-00

Date

904-462-4100

Daytime Phone #

46268

CR2E037 (9/99)