

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90053 028 ****61.25

DOCUMENT # N97000004366

1. Entity Name

GATOR CLOWNS OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 330855~~
~~ATLANTIC BEACH FL 32233-0855~~

~~P.O. BOX 330855~~
~~ATLANTIC BEACH FL 32233-0855~~

PO Box 14643
JACKSONVILLE, FL 32238-1643

PO Box 14643
JACKSONVILLE, FL 32238-1643

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 **59-2277993**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, VICKI
5625 HECHSCHER DR
JACKSONVILLE FL 32226

Name **Sue Lovett**
 Street Address (P.O. Box Number is Not Acceptable)
5029 CHADROE Rd.
 City **JACKSONVILLE** FL Zip Code **32210**

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 **X Sue Lovett**

3/5/02

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 **PD** ☒ Delete
 NAME **WHITE, VICKI**
 STREET ADDRESS **5625 HECHSCHER DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Sue Lovett**
 STREET ADDRESS **5029 CHADROE Rd.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **1VD** ☒ Delete
 NAME **HALLIDAY, LAUREN**
 STREET ADDRESS **188 NADIA MICHELLE COURT SOUTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **1VD** ☐ Change ☒ Addition
 NAME **Bryson, Cynthia**
 STREET ADDRESS **8950 Merington Dr.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **2VD** ☒ Delete
 NAME **CATON, JAMES**
 STREET ADDRESS **105 CREEKWOOD COURT**
 CITY-ST-ZIP **KINGSLAND GA 31548**

TITLE **2VD** ☐ Change ☒ Addition
 NAME **DICK, J.B.**
 STREET ADDRESS **66 St. Augustine Blvd**
 CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

TITLE **SD** ☒ Delete
 NAME **LOVETT, SUSAN**
 STREET ADDRESS **5029 CHADROE ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **SD** ☐ Change ☒ Addition
 NAME **RICCIO, THOMAS**
 STREET ADDRESS **6646 BLACKWOOD DR**
 CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE **TD** ☒ Delete
 NAME **HOBSON, TERRI**
 STREET ADDRESS **12749 SERENADE COURT NORTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **TD** ☐ Change ☒ Addition
 NAME **White, Jerry**
 STREET ADDRESS **5625 HECHSCHER DR**
 CITY-ST-ZIP **JACKSONVILLE, FL 32226**

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: **X Sue Lovett** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02 **904-778-7831**

Date Daytime Phone #

CR2E037 (9/01)