

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90100 015 ****70.00

DOCUMENT # N97000004366

1. Entity Name
GATOR CLOWNS OF JACKSONVILLE, INC.



Principal Place of Business
P.O. BOX 14643
JACKSONVILLE FL 32238-1643
US

Mailing Address
P.O. BOX 14643
JACKSONVILLE FL 32238-1643
US

2. Principal Place of Business
P.O. Box 54161
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 54161
Suite, Apt. #, etc.

City & State
Jacksonville FL
Zip
32245-4161
Country
US

City & State
Jacksonville FL
Zip
32245-4161
Country
US

4. FEI Number **59-2277993**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

LOVETT, SUE
5029 CHADROE RD.
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name **Deborah Thode**
Street Address (P.O. Box Number is Not Acceptable)
158 Annandale Dr., East
City **Jacksonville** FL Zip Code **32225**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Deborah Thode, Deborah Thode, President** DATE **1-20-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LOVETT, SUE	
STREET ADDRESS	5029 CHADROE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	1VD	<input checked="" type="checkbox"/> Delete
NAME	BRYSON, CYNTHIA	
STREET ADDRESS	8950 MORINGTON DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	2VD	<input checked="" type="checkbox"/> Delete
NAME	DICK, J.B.	
STREET ADDRESS	66 ST. AUGUSTINE BLVD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RICCIO, THOMAS	
STREET ADDRESS	6646 BLACKWOOD DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, JERRY	
STREET ADDRESS	5625 HECKSCHER DR	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah Thode	
STREET ADDRESS	158 Annandale Dr. E	
CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	1st Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy Beaver	
STREET ADDRESS	1819 Ashmore Green Dr	
CITY-ST-ZIP	Jacksonville FL 32246	
TITLE	2nd Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laureen Halliday	
STREET ADDRESS	166 Nadia Michelle Ct. S.	
CITY-ST-ZIP	Jacksonville FL 32225	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suzette Wyland	
STREET ADDRESS	3648 Morning Meadow Ln	
CITY-ST-ZIP	Orange Park FL 32073	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol Ann Womble	
STREET ADDRESS	1221 1st Street So., #10-A	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Deborah Thode** **Deborah Thode** **1/20/03** **285-3960**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

CR2E037 (10/02)