

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004636

1. Entity Name

SOUTH FLORIDA TALLIGATORS, INC.

Principal Place of Business

4395 RIVER PINES COURT
JUPITER FL 33469

Mailing Address

P O BOX 1146
DEERFIELD BEACH FL 33443-1446

2. Principal Place of Business

7225 Catalina Isle Dr
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1146
Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

Deerfield Beach FL

Zip 33467-7746

Country US

Zip

Country US



REINSTATEMENT DO NOT WRITE IN THIS SPACE

02-03

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, DEBORAH
4395 RIVER PINES COURT
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name Minker, Gary
Street Address (P.O. Box Number is Not Acceptable) 7225 Catalina Isle Drive
City Lake Worth FL Zip Code 33467-7746

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 Gary Minker, President 600022924926
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 09/18/03-01016--009/5/03.50

After September 13, 2002,
min. will be \$236.25.

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	DP	<input checked="" type="checkbox"/> Delete
NAME	NIELSEN, KRISTEN	
STREET ADDRESS	17364 BOCA CLUB BLVD. #508	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	AMWAY, JO-ANN	
STREET ADDRESS	155 ISLE OF VENICE, STE. 402	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	SNEARY, JUDY	
STREET ADDRESS	367 SOUTH FEDERAL HIGHWAY #324-C	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	FOLINO, NORINE Bobo, A	
STREET ADDRESS	6130 N.W. TERRACE	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, MARY	
STREET ADDRESS	2841 N. OCEAN BLVD., #1208	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Minker	
STREET ADDRESS	7225 Catalina Isle Dr.	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chip Chipley	
STREET ADDRESS	7960 Edgewater Drive	
CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gravy Graves	
STREET ADDRESS	2443 Dewey Street	
CITY-ST-ZIP	Hollywood, FL 33020-5871	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexandra Bobo	
STREET ADDRESS	403 Meadows Circle	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexandra Bobo	
STREET ADDRESS	403 Meadows Circle	
CITY-ST-ZIP	Boynton Beach, FL 33436	
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: Alexandra Bobo 9/5/03 561-596-1390

001103

CR2E037 (4/02)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA