

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90096 045 ***150.00

DOCUMENT # P00000012889

1. Entity Name

J. C. R. ALLIGATORS, INC.

Principal Place of Business

**37250 SAFARI DRIVE
DADE CITY FL 33523**

Mailing Address

**37250 SAFARI DRIVE
DADE CITY FL 33523**

2. Principal Place of Business

6060 Idle-A-While Cir.

3. Mailing Address

P.O. Box 858

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Dade City FL.

City & State

Lacoochee FL.

4. FEI Number

59-3635187

Applied For

Not Applicable

Zip

33523

Country

Hernando

Zip

33537

Country

Pasco

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

**MORROW, HAROLD W
21004 LOCKHART ROAD
DADE CITY FL 33523**

Name

Chad E. Wright

Street Address (P.O. Box Number is Not Acceptable)

6060 Idle-A-While Cir

City

Dade City

FL

Zip Code

33523

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

Chad Wright

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Delete
NAME **WRIGHT, GINGER A**
STREET ADDRESS **37250 SAFARI DRIVE**
CITY-ST-ZIP **DADE CITY FL 33523**

TITLE **PTD** ☐ Change ☒ Addition
NAME **Chad E. Wright**
STREET ADDRESS **6060 Idle-A-While Cir.**
CITY-ST-ZIP **Dade City FL. 33523**

TITLE **S** ☒ Delete
NAME **WRIGHT, OLIVIA E**
STREET ADDRESS **37250 SAFARI DRIVE**
CITY-ST-ZIP **DADE CITY FL 33523**

TITLE **S** ☐ Change ☒ Addition
NAME **Cortney D Johnson**
STREET ADDRESS **6060 Idle-A-While Cir.**
CITY-ST-ZIP **Dade City FL. 33523**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chad Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-23-01/583-9213

Daytime Phone #

CR2E034 (10/00)