

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000053068

1. Entity Name

GATOR HOLLER SAFARI'S ENTERPRISES, INC

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90069 020 ***150.00

C0016481



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P. O. BOX 905
WEWAHITCHKA FL 32465

Mailing Address

P. O. BOX 905
WEWAHITCHKA FL 32465

2. Principal Place of Business

130 SHELLCRACKER LANE

3. Mailing Address

P.O. BOX 905

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEWAHITCHKA, FL

City & State

WEWAHITCHKA, FL

Zip

Country

32465

US

Zip

32465

Country

US

4. FEI Number

59-364 8912

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARSH, LAURE L
130 SHELLCRACKER LANE
WEWAHITCHKA FL 32465

7. Name and Address of New Registered Agent

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

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

| | | |
|----------------|---|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MARSH, LAURE L | |
| STREET ADDRESS | P. O. BOX 905 | |
| CITY-ST-ZIP | WEWAHITCHKA FL 32465 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LOPER, JERRY G | |
| STREET ADDRESS | P.O. BOX 1127 P.O. BOX 905 | |
| CITY-ST-ZIP | PANAMA CITY BEACH FL 32417 WEWAHITCHKA FL 32465 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: [LAURE LEE MARSH]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 JAN 2001

Date

(850) 639-4074

Daytime Phone #

CR2E034 (10/00)