

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000071843

1. Entity Name
GEORGIA GATOR, INC.

Principal Place of Business
1512 COUNTRY WALK
STATESBORO GA 30458

Mailing Address
1512 COUNTRY WALK
STATESBORO GA 30458

2. Principal Place of Business

1209 W. University Ave

Suite, Apt. #, etc.

3. Mailing Address

108 Irongate Pl

Suite, Apt. #, etc.

City & State

Gainesville FL

Zip

32601-5109

Country

32601-5109

6. Name and Address of Current Registered Agent

BRANT, WILLIAM P
50 NORTH LAURA STREET
SUITE 3100
JACKSONVILLE FL 32202

City & State

Statesboro GA

Zip

30458

Country

30458

4. FEI Number

58-2555113

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Hilton K. Johnson Jr.

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

1209 University Ave

City

Gainesville

FL

Zip Code

32601-5109

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 registering)

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 \$550.00

After September 12, 2001 Fee will be \$750.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHNSON, HILTON K JR.
1512 COUNTRY WALK
STATESBORO GA 30458

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHNSON, MELISSA M
1512 COUNTRY WALK
STATESBORO GA 30458

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TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 19, 2001 8:00 am
Secretary of State

04-03-2001 90110 043 ***150.00
09-19-2001 90160 037 ***550.00



DO NOT WRITE IN THIS SPACE

0137738 AB

CR2034 (5/01)