

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90036 050 ***150.00

0151484 FP

DOCUMENT # P02000082156

1. Entity Name

GATOR NATIONALS KARATE TOURNAMENT, INC.



Principal Place of Business

**2632 W SR 434 STE 100
LONGWOOD FL 32779**

Mailing Address

**2632 W SR 434 STE 100
LONGWOOD FL 32779**

2. Principal Place of Business

280 SR 434

3. Mailing Address

280 SR 434

Suite, Apt. #, etc.

2044

Suite, Apt. #, etc.

2044

City & State

Altamonte Spgs FL

City & State

Altamonte Spgs FL

Zip

32714

Country

USA

Zip

32714

Country

USA

4. FEI Number

510417156

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

**SOMMERVILLE, THOMAS J
410 GLEN ABBEY LN
DEBARY FL 32713**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-14-03

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPVS** ☐ Delete
NAME **SOMMERVILLE, THOMAS J**
STREET ADDRESS **410 GLEN ABBEY LN**
CITY-ST-ZIP **DEBARY FL 32713**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 607, 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:

Thomas J. Somerville
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-03
Date

Daytime Phone #

CR2E034 (4/03)