

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90013 001 ***150.00

DOCUMENT # P93000012391

1. Entity Name

GATOR MARINE OF GAINESVILLE, INC.

Principal Place of Business

1221 E. UNIVERSITY AVE.
 GAINESVILLE FL 32601
 US

Mailing Address

1221 E. UNIVERSITY AVE.
 GAINESVILLE FL 32601
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3173656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RICHARDS, GARY C
15 S.W. 3RD AVE.
GAINESVILLE FL

7. Name and Address of New Registered Agent

Name

Gary C. Richards

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

1221 East University Avenue

City

Gainesville

FL

Zip Code

32641

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, 2002 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	RICHARDS, GARY C	
STREET ADDRESS	P.O. BOX 12318, UNIVERSITY STATION	
CITY-ST-ZIP	GAINESVILLE FL 32604	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDS, GARY C	
STREET ADDRESS	15 S.W. AVE	
CITY-ST-ZIP	GAINESVILLE FL	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary C. Richards	
STREET ADDRESS	1221 E. University Avenue	
CITY-ST-ZIP	Gainesville, Florida 32641	
TITLE	Gary C. Richards	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1221 E. University Avenue	
STREET ADDRESS	Gainesville, Florida 32641	
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:

GARY C. RICHARDS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary C. Richards

Date

Daytime Phone #

(352) 377-2496
3/8/02

CR2E034 (9/01)