

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034184

1. Entity Name

GATOR OUTFITTERS, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90043 023 ***150.00

Principal Place of Business

~~520 NW 16TH AVE~~
 GAINESVILLE FL 32601
 US

new address:

Mailing Address

3424 NW 15TH PLACE
 GAINESVILLE FL 32605-4825
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2216 SW Archer Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

4. FEI Number

59-3309383

Applied For

Not Applicable

Zip

32608

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

HOMEWOOD, STEPHAN
 3434 NW 15TH PL
 GAINESVILLE FL 32605

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, 2000 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 | P | <input type="checkbox"/> Delete |
| NAME | HOMEWOOD, STEPHAN | |
| STREET ADDRESS | 3424 NW 15 PLACE | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | HOMEWOOD, LINDA | |
| STREET ADDRESS | 3424 NW 15 PLACE | |
| 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 | <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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| 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 |
| 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:

STEPHAN HOMEWOOD 4/26/00 352-336-3216
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)