

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000532

1. Entity Name

GATOR AVIATION, INC.

FILED

02 JUL -9 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2500 BLANDING BOULEVARD  
SUITE 300  
MIDDLEBURG FL 32068

Mailing Address

2500 BLANDING BOULEVARD  
SUITE 300  
MIDDLEBURG FL 32068

2. Principal Place of Business

633 Cherry Grove

3. Mailing Address

633 Cherry Grove

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange Park, Florida 32073

City & State

Orange Park, Florida

4. FEI Number

59-3488609

Applied For

Not Applicable

Zip

32073

Country

USA

Zip

32073

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAUGH, RON D

2500 BLANDING BOULEVARD

SUITE 300

MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent

Name Baugh, Ron D.

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

633 Cherry Grove

City

Orange Park

FL

Zip Code  
32073

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	BAUGH, RON D	
STREET ADDRESS	633 CHERRY GROVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHWENKER, CARL	
STREET ADDRESS	BRIDGEWATER APT 1408	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	BOCHME, RICHARD	
STREET ADDRESS	2500 BLANDING BLVD SUITE 300	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
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	500006360305-9	
STREET ADDRESS	-07/12/02--01059--021	
CITY-ST-ZIP	*****908.75 *****908.75	
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
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:

BAUGH, RON D.

7/1/02 (904) 349-1639

CR2E034 (10/00)