## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

Principal Place of Business

DOCUMENT # P98000015459

GATOR GREATS ENTERTAINMENT, INC.

1005 NW 101ST DRIVE 1005 NW 101ST DRIVE GAINESVILLE FL 32606 GAINESVILLE FL 32606 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/13/1998 FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Zip Country Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LESCANO, CARLOS 82 Street Address (P.O. Box Number is Not Acceptable) 1005 NW 101ST DRIVE **GAINESVILLE FL 32606** 83 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition □ DELETE 1.1 TITLE TITLE LESCANO, CARLOS 12 NAME NAME 1005 NW 101ST DRIVE 1.3 STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32606** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Addition ☐ Change 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition ☐ DELETE Change 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 6,1 TITLE 6.2 NAME NAME

SIGNATURE:

14. I hereby certify that the information

Block 12 or Block 13 if cha

indicated on this annual report or si officer or director of the corporation

STREET ADDRESS

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF S

upplied with th

olemental an

Carlos Lescano

nt with an address, with all other like empowered.

6.3 STREET ADDRESS

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

2/5/29 (36) 337-3782

FILED Mar 06, 1999 8:00 am

**Secretary of State** 

03-06-1999 90050 014 \*\*\*150.00

CR2E034 (11/98)