

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066280

1. Entity Name

ALLIGATOR TRADING COMPANY

Principal Place of Business

Mailing Address

15911 LAKE IOLA ROAD
DADE CITY FL 33523

15911 LAKE IOLA ROAD
DADE CITY FL 33523

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

59-3532511

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAGAN, JOSEPH M
15911 LAKE IOLA ROAD
DADE CITY FL 33523

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME MCMILLAN, GENE JR.
STREET ADDRESS 9751 W BAHU VISTA
CITY-ST-ZIP N FT MYERS FL 33917

TITLE Director ☐ Change ☒ Addition
NAME J.M. Fagan
STREET ADDRESS 15911 Lake Iola RD
CITY-ST-ZIP Dade City, FL 33523

TITLE T ☐ Delete
NAME HUNTER, TONY
STREET ADDRESS 919 FORREST RD
CITY-ST-ZIP HAVANA FL 32333

TITLE President ☐ Change ☒ Addition
NAME Glen E. Greenfelder
STREET ADDRESS 14217 N 3rd ST
CITY-ST-ZIP Dade City, FL 33525

TITLE S ☐ Delete
NAME LAWHEAD, M. LYNANNE
STREET ADDRESS 13151 14 ST
CITY-ST-ZIP DADE CITY FL 33525

TITLE Director ☐ Change ☒ Addition
NAME Karen Smittle
STREET ADDRESS 703 NW 89 ST
CITY-ST-ZIP Gainesville, FL 32607

TITLE D ☐ Delete
NAME HADDEN, GENE
STREET ADDRESS 1599 FARM RD
CITY-ST-ZIP SEBRING FL 33870

TITLE Director ☐ Change ☒ Addition
NAME Harold M/ Morrow
STREET ADDRESS 21004 Lockhart RD
CITY-ST-ZIP Dade City, FL 33523

TITLE D ☐ Delete
NAME FAGAN, CHARLES
STREET ADDRESS 15923 LAKE IOLA RD
CITY-ST-ZIP DADE CITY FL 33523

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

TITLE D ☒ Delete
NAME PEARSON, RANDY
STREET ADDRESS 18663 MACGILL AVE
CITY-ST-ZIP PT CHARLOTTE FL 33948

TITLE ☐ Change ☐ 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: M. Lynanne Lawhead M. Lynanne Lawhead 1/11/01 352/588-1131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0514479

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90024 024 ***158.75



DO NOT WRITE IN THIS SPACE