

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90069 030 \*\*\*150.00

**DOCUMENT # P98000066280**

**1. Entity Name**  
**ALLIGATOR TRADING COMPANY**

**Principal Place of Business**  
**15911 LAKE IOLA ROAD**  
**DADE CITY FL 33523**

**Mailing Address**  
**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

**4. FEI Number** **59-3532511**

☐ Applied For  
☒ Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**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** **President** ☐ Change ☒ Addition  
**NAME** **Glen Greenfelder**  
**STREET ADDRESS** **103 N 3rd ST**  
**CITY-ST-ZIP** **Dade City, FL 33525**

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

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

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

**TITLE** **Director** ☐ Change ☒ Addition  
**NAME** **Rob Southwick**  
**STREET ADDRESS** **PO Box 6435**  
**CITY-ST-ZIP** **Fernandina Beach, FL 32035**

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

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

**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** **FAGAN, J.M.**  
**STREET ADDRESS** **15911 LAKE IOLA RD**  
**CITY-ST-ZIP** **DADE CITY FL 33523**

**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:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/02**  
 Date

**352/588-1131**  
 Daytime Phone #

CR2E034 (9/01)