

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005105

1. Entity Name  
GATOR REALTY, INC.

**FILED**  
May 09, 2002 8:00 am  
Secretary of State

05-09-2002 90034 049 \*\*\*150.00

Principal Place of Business  
6710 MAIN ST., STE. 233  
MIAMI LAKES FL 33014  
c/o Bayshore Land Group, Inc.

Mailing Address  
6710 MAIN ST., STE. 233  
MIAMI LAKES FL 33014  
c/o Bayshore Land Group, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
255 Alhambra Circle  
Suite, Apt. #, etc.  
Suite 325

3. Mailing Address  
255 Alhambra Circle  
Suite, Apt. #, etc.  
Suite 325

City & State  
Coral Gables, FL

City & State  
Coral Gables, FL

4. FEI Number 65-0896850  
Applied For  
Not Applicable

Zip 33134 Country USA

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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MACNAIR, CHRISTOPHER J  
6710 MAIN STREET, SUITE 233  
MIAMI LAKES FL 33014

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
c/o Bayshore Land Group, Inc.  
255 Alhambra Circle, Suite 325  
City Coral Gables FL Zip Code 33134

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 *Christopher J. Mac Nair, Pres.* DATE 4/30/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MACNAIR, CHRISTOPHER J	6710 MAIN ST., STE. 233	MIAMI LAKES FL 33014	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	c/o Bayshore Land Group, Inc.	255 Alhambra Circle, Suite 325	Coral Gables, FL 33134	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Christopher J. Mac Nair, Pres.* DATE 4/30/02 305-445-6161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)