

# 2001 UNIFORM BUSINESS REPORT (UBR)

0026481

DOCUMENT # P99000046405

1. Entity Name  
**GATOR TIMES, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JAN 12 AM 10:49

Principal Place of Business  
**1235 AIRPORT RD.  
TALLAHASSEE FL 32304**

Mailing Address  
**1235 AIRPORT RD.  
TALLAHASSEE FL 32304**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1636 WEST UNIVERSITY AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 20334**  
Suite, Apt. #, etc.

City & State  
**GAINESVILLE**

City & State  
**TALLAHASSEE, FL**

4. FEI Number **59-3581369**

Applied For  
Not Applicable

Zip **32303** Country **ALACHUA**

Zip **32316** Country **LEON**

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

**FRANCE, BELINDA TAKACH ESQ.  
703 E. TENNESSEE ST.  
TALLAHASSEE FL 32308**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DT PARKER, ROBERT 1235 AIRPORT DRIVE TALLAHASSEE FL 32304</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS PROUTOLA, POLAISE 1235 AIRPORT DR TALLAHASSEE FL 32304</b>	<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	<b>300003553163--8 -01/18/01--01020--005 *****150.00 *****150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PROVITOLA, BLAISE</b>	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/11/01** **352 871-4767**  
Date Daytime Phone #

CR2E034 (10/00)