2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

S37048 **DOCUMENT #**

1. Entity Name

GATOR FAMILY THEME PARK, INC.



Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90981 018 ***150.00

Principal Plac											
4685 HWY 98			4685	Mailing Address 4685 HWY 98 SOUTH							
lakeland fl	L 33813		LAKE	AND FL 33813							
US			US								
2. Principal Place of Business			3. Mai	3. Mailing Address			1 (60)/1016 1916 1917 (40)/4 00/4 671 	 		1811 BIBIN 1881	
Suite, Apt. #, etc. City & State			Suite	Suite, Apt. #, etc. City & State			CHECK HERE IF MAKING CHANGES				
			City				4. FEI Number 59-3067961			oplied For ot Applicable	}
Zip		Country	Zip		Country		5. Certificate of Status Desired		8.75 Add ee Require		
	6. Name :	and Address of Curre	nt Registere	d Agent		!	7. Name and Address of New R	legistered A	gent		1
,					Nam	e				_	
MOUNT, RAYMOND S.				Street Address			(P.O. Box Number is Not Acceptable)				i
4685 HWY. 98 SOUTH					0	3(7)(00)(1)		· · · · · · · · · · · · · · · · · · ·			
LAKELAN	ID FL 33813										1
2					City			FL	Zip Cod	le	
	e named entity itions of registe		for the purp	ose of changing its	registered offic	e or registered	agent, or both, in the State of Fk	orida. I am fa	ımiliar with,	and accept	
SIGNATURE	Cianatura tunad a	r printed name of registered age	not and title if any	Jinabla (NOTE	: Registered Agent s	inneture required w	nen reinstation)	DATE	·		
			erk and the map.	(NOTE	. ricgialorou rigoni o	g. atoro rodo. oo m					1
Afte	er May 1, 200	FEE IS \$150.00 3 Fee will be \$550.0 Florida Department					 9. Election Campaign Fir Trust Fund Contribution 	• -		00 May Be d to Fees	
10.		OFFICERS AN		RS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	١_
10. TITLE	D			RS Delete	11.		ADDITIONS/CHANGES TO OFF		DIRECTOR	S IN 11	(00)
	MOUNT, R	OFFICERS AN					ADDITIONS/CHANGES TO OFF				(10/02)
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP