

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90745 035 \*\*\*150.00

**DOCUMENT # S67204**

1. Entity Name  
**ZOO CREW OF GAINESVILLE, INC.**



Principal Place of Business  
**7750 W. NEWBERRY ROAD  
GAINESVILLE FL 32606  
US**

Mailing Address  
**4421 N.W. 36 DRIVE  
GAINESVILLE FL 32605-5424  
US**



2. Principal Place of Business

3. Mailing Address

**4613 OAK HAMMOCK COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**HARBOUR VILLAGE**

City & State

City & State

**POUCE INLET, FL.**

Zip

Country

Zip

Country

**32127**

**USA**

4. FEI Number **59-3072168**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**REGAN, DONALD J.  
4421 N.W. 36 DRIVE  
GAINESVILLE FL 32605-5424**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**HARBOUR VILLAGE**

**4613 OAK HAMMOCK COURT**

City **POUCE INLET**

**FL**

Zip Code **32127**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **REGAN, DONALD J**  
STREET ADDRESS **4421 N.W. 36 DRIVE**  
CITY-ST-ZIP **GAINESVILLE FL 32605-5424**

TITLE **DVST** ☐ Delete  
NAME **REGAN, LAURE K**  
STREET ADDRESS **4421 N.W. 36 DRIVE**  
CITY-ST-ZIP **GAINESVILLE FL 32605-5424**

TITLE **V** ☐ Delete  
NAME **AKEY, MICHAEL J**  
STREET ADDRESS **941 NW 118 TERR**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **S** ☐ Delete  
NAME **AKEY, MELISSA**  
STREET ADDRESS **941 NW 118 TERR**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **AS** ☐ Delete  
NAME **ELLIOTT, MAURICE**  
STREET ADDRESS **75-29 SW 7 PLACE**  
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **AT** ☐ Delete  
NAME **GENSER, DINO**  
STREET ADDRESS **507 NW 39RD #138**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SPRING REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/03**

Date

**386 7880604**

Daytime Phone #

CR2F034 (10/02)