

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90042 016 ****61.25

DOCUMENT # N98000002565

1. Entity Name

GOLDEN ACCESS, INC.

Principal Place of Business

Mailing Address

**6416 26 STREET WEST
 BRADENTON FL 34207**

**PO BOX 10601
 BRADENTON FL 34282-0601
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0822250

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAN HOUTEN, RUSCEEN
 6416 26 STREET WEST
 BRADENTON FL 34207**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD VAN HOUTEN, RUSCEEN**
 STREET ADDRESS **6416 26 STREET WEST**
 CITY-ST-ZIP **BRADENTON FL 34207**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD GOLDMAN, SABRENA**
 STREET ADDRESS **212 W PERIMETER**
 CITY-ST-ZIP **SAN ANTONIO TX 78229**

TITLE Change Addition
 NAME **VPD Goldman, Sabrena**
 STREET ADDRESS **8830 AUTUMN WINDS DR #204**
 CITY-ST-ZIP **RALEIGH, NC 27615**

TITLE Delete
 NAME **SD NORMAN, CARISSA**
 STREET ADDRESS **2508 WOODBERRY DR**
 CITY-ST-ZIP **NASHVILLE TN 37214**

TITLE Change Addition
 NAME **SD RELEFORD, CARISSA**
 STREET ADDRESS **103 GOLF COURT**
 CITY-ST-ZIP **NASHVILLE, TN 37214**

TITLE Delete
 NAME **TD NORMAN, FRANK G**
 STREET ADDRESS **6407 - 26TH ST W**
 CITY-ST-ZIP **BRADENTON FL 34207**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 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 617, 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: **FRANK G NORMAN**
FRANK G NORMAN
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-2000

941-755-5861

Date

Daytime Phone #

CR2E037 (9/99)