

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90005 016 ****61.25

DOCUMENT # N98000002565



1. Entity Name
GOLDEN ACCESS, INC.

Principal Place of Business
**6416 26 STREET WEST
BRADENTON FL 34207**

Mailing Address
**PO BOX 10601
BRADENTON FL 34282
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**

CHECK HERE IF MAKING CHANGES



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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | VAN HOUTEN, RUSCEEN | |
| STREET ADDRESS | 6416 26 STREET WEST | |
| CITY-ST-ZIP | BRADENTON FL 34207 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | GOLDMAN, SABRENA | |
| STREET ADDRESS | 8830 AUTUMN WINDS DR 204 | |
| CITY-ST-ZIP | RALEIGH NC 27615 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | RELEFORD, CARISSA | |
| STREET ADDRESS | 105 GULF COURT | |
| CITY-ST-ZIP | NASHVILLE TN 37214 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | NORMAN, FRANK G | |
| STREET ADDRESS | 6407 - 26TH ST W | |
| CITY-ST-ZIP | BRADENTON FL 34207 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 Norman* **1-6-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)