

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90132 043 ***158.75

80087858

DO NOT WRITE IN THIS SPACE

DOCUMENT

1. Entity Name

ALLISON GOLDEN ADVENTURES, INC
REF# P96000090683

Principal Place of Business

Mailing Address

4740 NW 64th Street
Ocala, FLA 34482

2. Principal Place of Business

3. Mailing Address

4740 NW 64th Street

P.O. Box 972072

Suite, Apt. #, etc.

Suite, Apt. # etc.

City & State

Ocala, FL

City & State

Ocala, Florida

4. FEI Number

59-3441669

Applied For

Not Applicable

Zip

34482

Country

MARION

Zip

34482

Country

MARION

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

RANDALL L. JONES
4740 NW 64th St
Ocala, FL 34482

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

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, 2000 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	RANDALL L. JONES	<input type="checkbox"/> Delete
NAME	President-Director	
STREET ADDRESS	4740 NW 64th Street	
CITY-ST-ZIP	Ocala FL 34482	
TITLE	Vice President-Director	<input type="checkbox"/> Delete
NAME	RANDALL L. JONES	
STREET ADDRESS	4740 NW 64th Street	
CITY-ST-ZIP	Ocala, FL 34482	
TITLE	Secretary/Treasurer-Director	<input type="checkbox"/> Delete
NAME	RANDALL L. JONES	
STREET ADDRESS	4740 NW 64th St	
CITY-ST-ZIP	Ocala, FL 34482	
TITLE	Vice President Sales	<input checked="" type="checkbox"/> Delete
NAME	Gregory Scott	
STREET ADDRESS	27 Redwood Track Pk	
CITY-ST-ZIP	Ocala, FL 34472	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000 (352) 402-9819

Date

Daytime Phone #

CR2E034 (9/99)