

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070424

1. Entity Name

GOLDEN RULE CUSTOM HOMES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90043 002 ***158.75

Principal Place of Business

Mailing Address

~~1324 TOUR DR.~~
 GULF BREEZE FL 32561

~~1321 TOUR DR.~~
 GULF BREEZE FL 32561-3553
 US

2. Principal Place of Business

22 Shoreline Place
 Suite, Apt. #, etc.

3. Mailing Address

22 Shoreline Place
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Gulf Breeze, FL

City & State
Gulf Breeze, FL

4. FEI Number **59-3468285**

Applied For
 Not Applicable

Zip **32561**

Country **US**

Zip **32561**

Country **US**

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

JOYNER, RANDAL R
~~1321 TOUR DR.~~
 GULF BREEZE FL 32561

Name
 Street Address (P.O. Box Number is Not Acceptable)
22 Shoreline Place

City **FL** Zip Code

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-2000

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, WALTER D	NAME	
STREET ADDRESS	3336 CRESTVIEW ST.	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	CITY-ST-ZIP	
TITLE	DPST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYNER, RANDAL R	NAME	
STREET ADDRESS	1321 TOUR DR.	STREET ADDRESS	22 Shoreline Place
CITY-ST-ZIP	GULF BREEZE FL 32581	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Date

Daytime Phone #

2-11-2000 850-932-7114

CR2E034 (9/99)