

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90127 020 ***150.00

DOCUMENT # P94000017235

1. Entity Name

GOOSE POND CORPORATION

Principal Place of Business

1801 Hermitage Blvd
Suite 600
Tallahassee, FL 32308
US

Mailing Address

1801 Hermitage Blvd
Suite 600
Tallahassee, FL 32308
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3294419

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 AgentTodd, David E
1801 Hermitage Blvd.
Suite 100
Tallahassee, FL 32308**7. Name and Address of New Registered Agent**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	Douglas W. Bennett	
STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	P	<input type="checkbox"/> Delete
NAME	Laler C. DeCosta	
STREET ADDRESS	3424 Peachtree Road NE, Suite 800	
CITY-ST-ZIP	Atlanta, GA 30326	
TITLE	V	<input type="checkbox"/> Delete
NAME	William R. Forth	
STREET ADDRESS	3424 Peachtree Road NE, Suite 800	
CITY-ST-ZIP	Atlanta, GA 30326	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	James W. Horton	
STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	S	<input type="checkbox"/> Delete
NAME	Thomas A. McKean	
STREET ADDRESS	3424 Peachtree Road NE, Suite 800	
CITY-ST-ZIP	Atlanta, GA 30326	
TITLE	VT	<input type="checkbox"/> Delete
NAME	Renee Bergeron	
STREET ADDRESS	3424 Peachtree Road NE, Suite 800	
CITY-ST-ZIP	Atlanta, GA 30326	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynne M. Gray	
STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dexter Warrior	
STREET ADDRESS	3424 Peachtree Road NE, Suite 800	
CITY-ST-ZIP	Atlanta, GA 30326	
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		
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: Douglas W. Bennett, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850/488-4406

Daytime Phone #

CR2E034 (11/00)