

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 309885

1. Entity Name

GOFF COMMUNICATIONS, INC.

Principal Place of Business

2172 TENTH STREET
SARASOTA FL 34237-3412

Mailing Address

2172 TENTH STREET
SARASOTA FL 34237-3412

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 59-1149381

Applied For

Not Applicable

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

GOFF, JAMES E.
847 HUDSON AVENUE
SARASOTA FL 34236

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 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 DP
NAME GOFF, KENNETH C.
STREET ADDRESS 2438 ICE CAPE DR
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE DVT
NAME GOFF, JAMES E
STREET ADDRESS 1723 BAY ST
CITY-ST-ZIP SARASOTA FL 34236

☐ Delete

TITLE S
NAME GOFF, SHAUNE E
STREET ADDRESS 847 HUDSON AVENUE
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE VD
NAME JONES, BRIAN
STREET ADDRESS 4402 EDMONT COURT
CITY-ST-ZIP SARASOTA FL 34233

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CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN T. JONES

6/1/01

(941) 955-7106

Date

Daytime Phone #

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-26-2001 90016 001 ***550.00
06-26-2001 90016 002 *****8.75

75457



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)