

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 379373

1. Entity Name

GOLIN & ASSOCIATES, INC.

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90034 035 \*\*\*150.00

Principal Place of Business

Mailing Address

1224 CAMELIA LANE  
FT LAUDERDALE FL 33326  
US

1224 CAMELIA LANE  
FT LAUDERDALE FL 33326-3618  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1323215

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GOLIN, STANLEY  
1224 CAMELIA LANE  
FORT LAUDERDALE FL 33326

Name

GOLIN, SUZANNE

Street Address (P.O. Box Number is Not Acceptable)

1224 CAMELIA LANE

City

FORT LAUDERDALE

FL

Zip Code

33326

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 SUZANNE D. GOLIN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-00

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 PD  
NAME GOLIN, STANLEY  
STREET ADDRESS 1224 CAMELIA LANE  
CITY-ST-ZIP FRT LAUDERDALE FL ☒ Delete

TITLE PD  
NAME GOLIN, SUZANNE D.  
STREET ADDRESS 1224 CAMELIA LANE  
CITY-ST-ZIP FORT LAUDERDALE, FL. ☒ Change ☐ Addition

TITLE S  
NAME GOLIN, SUZANNE D  
STREET ADDRESS 1224 CAMELIA LANE  
CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME GOLIN, SUZANNE D  
STREET ADDRESS 1224 CAMELIA LANE  
CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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: Stanley Golin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00 954 349-1550

CR2E034 (9/99)