

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 633668

1. Entity Name

GOERINGS BOOK STORE, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90062 045 ***150.00

Principal Place of Business

Mailing Address

1310 W UNIVERSITY AVE
GAINESVILLE FL 32603

1310 W UNIVERSITY AVE
GAINESVILLE FL 32607-2402

2. Principal Place of Business

3. Mailing Address

3433 W. University Ave. Suite, Apt. #, etc.

3433 W. University Ave. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Gainesville, FL

City & State
Gainesville, FL

4. FEI Number 59-1932150

Applied For
Not Applicable

Zip Country
32607 USA

Zip Country
32607 USA

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

RAINBOW, ELIZABETH
1310 W UNIVERSITY AVE.
GAINESVILLE FL 32603

RAINBOW, Elizabeth
Street Address (P.O. Box Number is Not Acceptable)
3433 W. University Ave.
City Gainesville FL Zip Code 32607

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 TS
NAME RAINBOW, ELIZABETH
STREET ADDRESS 1418 N.W. 16TH TERR.
CITY-ST-ZIP GAINESVILLE, FL 00000 ☐ Delete

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

TITLE P
NAME RIDER, THOMAS D
STREET ADDRESS 415 NW 19TH STREET
CITY-ST-ZIP GAINESVILLE, FL 00000 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Elizabeth Rainbow 2-10-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Elizabeth Rainbow

Date

Daytime Phone #

352-378-0363

CR2E034 (9/99)