**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Jul 13, 2001 8:00 am DOCUMENT # 692553 **Secretary of State** 1. Entity Name 07-13-2001 90001 029 \*\*\*550.00 THE GOLDEN ANCHOR, INC. Mailing Address Principal Place of Business 9104 FRONT BEACH ROAD 9104 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407-4029 PANAMA CITY BEACH FL 32407-4029 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE -Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2152223 Not Applicable Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOHNSTON, JAMES P. Street Address (P.O. Box Number is Not Acceptable) 2304 WINONA DRIVE PANAMA CITY FL 32405 Zip Code of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible to: Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (5/01) ☐ Change ☐ Addition ☐ Delete TITLE TITLE JOHNSTON, JAMES P. NAME NAME STREET ADDRESS 113 HENRY AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BCH FL 32413 ☐ Change Addition ☐ Delete TITLE JOHNSTON, IRIS G. NAME STREET ADDRESS STREET ADDRESS 113 HENRY AVENUE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BCH FL 32413 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 vustee empowered to execute his report as poured by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or changed, or on an attachment with