

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90829 046 ****61.25

DOCUMENT # 739967

1. Entity Name
GOLDEN AGE GAMES, INC.



Principal Place of Business

P.O. BOX ~~1235~~ 1788
SANFORD FL 32774
US 32772

Mailing Address

P.O. BOX ~~1235~~ 1788
SANFORD FL 32774
US 32772

2. Principal Place of Business

PO Box 1788
Suite, Apt. #, etc.

3. Mailing Address

PO Box 1788
Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

SANFORD, FL

4. FEI Number **59-0440968**

Applied For

Not Applicable

Zip

32772

Country

US

Zip

32772

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORDON, ANGELIA
300 N. PARK AVE
SANFORD FL 32771

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ELTONHEAD, KIM**
STREET ADDRESS **300 N. PARK AVENUE**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **D** ☐ Delete
NAME **KIRBY, MIKE**
STREET ADDRESS **300 N PARK AVE**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **D** ☐ Delete
NAME **BENNETT, EVELINE**
STREET ADDRESS **300 N PARK AVE**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **D** ☐ Delete
NAME **JONES, LISA**
STREET ADDRESS **300 N PARK AVE**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **D** ☐ Delete
NAME **VOLK, BRIAN**
STREET ADDRESS **531 N. PALMETTO AVENUE**
CITY-ST-ZIP **SANFORD FL**

TITLE **D** ☒ Delete
NAME **GUNSTER, JIM**
STREET ADDRESS **234 BUENA VISTA DR**
CITY-ST-ZIP **DEBARY FL 32713**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Kim Eltonhead

4/28/03

CR2E037 (10/02)