

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755293

1. Entity Name

GOOD SAMS OF FLORIDA, INC.

Principal Place of Business

112 HOLMES PLACE
WINTER HAVEN FL 33884

Mailing Address

112 HOLMES PLACE
WINTER HAVEN FL 33884
US

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

23-7242521

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

HENRY, JACK
112 HOLMES PLACE
WINTER HAVEN FL 33884

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOPER, EDGAR 711 E 38TH ST HIALEAH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CULLUM, JOANN 8736 SW 30TH BLVD BUSHNELL FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, JULIA P.O. BOX 6433-3417 N.W. 120TH AVENUE OCALA FL 34478	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENRY, JACK 112 HOLMES PLACE WINTER HAVEN FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNNIE FLAIG 24971 N.E. 135th Street SALT SPRINGS, FL 32134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED JACK HENRY

Date

Daytime Phone #

1-10-01

863-324-3198

0067913

CR2E037 (10/00)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90013 018 ****61.25

C0005633



DO NOT WRITE IN THIS SPACE