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

FILED
Mar 13, 2003 8:00 am
Secretary of State
02-27-2003 90132 015 ****61.25

DOCUMENT # 755293

1. Entity Name
GOOD SAMS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
112 HOLMES PLACE WINTER HAVEN FL 33884	112 HOLMES PLACE WINTER HAVEN FL 33884 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
14986 Rialto Ave.	14986 Rialto Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooksville, FL	City & State: Brooksville, FL
Zip: 34613-5066 Country: Hernando	Zip: 34613-5066 Country: Hernando

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: Warren H. Bradley II Street Address (P.O. Box Number is Not Acceptable): 14986 Rialto Ave. City: Brooksville FL Zip Code: 34613-5066

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] Warren H. Bradley II 02-06-03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOPER, EDGAR 711 E 38TH ST HIALEAH FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Warren H. Bradley II 14986 Rialto Ave. Brooksville, FL 34613-5066	☒ Change ☐ Addition
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		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENRY, JACK 112 HOLMES PLACE WINTER HAVEN FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Kuehling 8015 Lemonwood Dr. N. Ellenton, FL 34222	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLAIG, JOHNNIE 24971 NE 135TH ST SALT SPRINGS FL 32134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bonnie Lebold 6265 Betty Ave. Cocoa, FL 32927-4203	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRADLEY, GINNY 14986 RIALTO AVE BROOKSVILLE FL 34613	☒ 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

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 Warren H. Bradley II 2-6-03 352/596-1347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)