

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002470

1. Entity Name

~~GOFF-NBA, INC.~~

Goff Group, Inc.

Principal Place of Business

80 TECHNACENTER DRIVE
MONTGOMERY AL 36124
US

Mailing Address

P.O. Box
P.O. BOX 240767 241567
MONTGOMERY AL 36124
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 241567

Montgomery AL

36124-1567 USA

4. FEI Number

63-1078035

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~INSURANCE COMMISSIONER~~

~~CAPITOL~~

~~TALLAHASSEE FL 32399-0300~~

Name

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

c/o C T Corporation System

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

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

Dale H. Morris

DALE W. MORRIS

ASSISTANT VICE PRESIDENT

7/31/01

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)

X

FILE NOW!!! FEE IS \$550.00

After September 12, 2001 Fee will be \$750.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution

X

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCPS
GOFF, JOHN W
80 TECHNACENTER DR
MONTGOMERY AL 36117

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GOFF, JOHN W
80 TECHNACENTER DR
MONTGOMERY AL 36117

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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)(l), 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:

SIGNATURE REQUIRED

7/18/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90101 001 ***558.75



DO NOT WRITE IN THIS SPACE

CR2034 (5/01)