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

changed, or on an attachment with at

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SIGNATURE:

## Apr 17, 2001 8:00 am Secretary of State DOCUMENT # F9900004322 1. Entity Name GUARANTY CAPITAL FUND LIMITED INC. 04-17-2001 90140 041 \*\*\*150.00 Mailing Address Principal Place of Business 5143 SW 9TH LANE 5143 SW 9TH LANE GAINESVILLE FL 32607 GAINESVILLE FL 32607 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3583833 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPINELLI, PAUL A Street Address (P.O. Box Number is Not Acceptable) 5143 SW 9TH LANE GAINESVILLE FL 32607 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE PCT TITLE NAME SPINELLI, PAUL A NAME STREET ADDRESS 5143 SW 9TH LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **GAINESVILLE FL 32607** VS VC ☐ Change ☐ Addition ☐ Defete TITLE VSVC TITLE DAVID GODDARD 9700 LEAWOOD BIVE. Apt 101 NAME GODDARD, DAVID STREET ADDRESS STREET ADDRESS 2437 WILLOW BEND DR CITY-ST-ZIP CITY-ST-ZIP RICHMOND TX 77469 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 period 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 truetee empowered is execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

4/14/00 352-373-