

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **J96863**

1. Entity Name

GOLDEN GAFF CHARTER SERVICE, INC.*12***FILED**
Jul 14, 2000 8:00 am
Secretary of State

07-14-2000 90003 021 ***150.00

Principal Place of Business

% FRED E. TOLBERT
RAMADA BEACH RESORY, U.S. HWY 98 E.
FT WALTON BEACH FL 32549

Mailing Address

% FRED E. TOLBERT
1500 MIRACLE STRIP PKWY SE
FT. WALTON BEACH FL 32548
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

59-2856700

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

TOLBERT, FRED E.
RAMADA BEACH RESORT, U.S. HWY 98 E.
FT WALTON BEACH FL 32549

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **TOLBERT, FRED E.**
STREET ADDRESS **1500 MIRACLE STRIP PKWY SE**
CITY-ST-ZIP **FT. WALTON BEACH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ST** ☐ Delete
NAME **TOLBERT, PATRICIA H.**
STREET ADDRESS **1500 MIRACLE STRIP PKWY SE**
CITY-ST-ZIP **FT. WALTON BEACH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/00 (850) 243-9161
Date Daytime Phone #

CR2E034 (5/00)

J96863

ADD67702

July 5, 2000

Division of Corporations
Uniform Business report Filings
Post Office Box 1500
Tallahassee, FL 32302-1500

RE: Golden Gaff Charter Service, Inc.
Document # J96863
FEI Number 59-2856700

To Whom It May Concern:

As per the instructions I received when I called your (850) 487-6059 phone number, I am sending this letter and my check for \$150.00 for the renewal of the Golden Gaff Charter Service, Inc.

Unfortunately, we did not receive an initial billing in January. If you want, you can go back and see that all our checks are normally sent in right away in January, right after we receive the invoice. I appreciate your assistance in waiving this fee.

Sincerely,



Patricia H. Tolbert

Enc.