

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J97110

1. Entity Name

LAWRENCE W. GOUGH, INC.

FILED

Mar 15, 2000 8:00 am  
Secretary of State

03-15-2000 90071 005 \*\*\*150.00

Principal Place of Business

3389 CYPRESS GARDENS ROAD  
505 AVENUE A. N.W., STE. 200  
WINTER HAVEN FL 33884  
US

Mailing Address

P. O. BOX 391  
WINTER HAVEN FL 33882-0391  
US

2. Principal Place of Business

3389 Cypress Gardens Rd.  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

4. FEI Number

01-0433336

Applied For

Not Applicable

Zip

33884

Country

US

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE GOUGH  
3389 CYPRESS GARDENS ROAD  
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | DST                     | <input type="checkbox"/> Delete |
| NAME           | FITZPATRICK, ALBERT     |                                 |
| STREET ADDRESS | 3 FRANKLIN ST           |                                 |
| CITY-ST-ZIP    | HOULTON ME              |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | FITZPATRICK, FRANCIS J. |                                 |
| STREET ADDRESS | FOXCROFT RD.            |                                 |
| CITY-ST-ZIP    | HOULTON ME              |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | GOOD, THOMAS L.         |                                 |
| STREET ADDRESS | FLETCHER RD.            |                                 |
| CITY-ST-ZIP    | MONTICELLO ME           |                                 |
| TITLE          | DP                      | <input type="checkbox"/> Delete |
| NAME           | GOUGH, LAWRENCE W.      |                                 |
| STREET ADDRESS | RR#4, BOX 1140          |                                 |
| CITY-ST-ZIP    | HOULTON ME              |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | GOUGH, MICHAEL          |                                 |
| STREET ADDRESS | RR#1, BOX 41            |                                 |
| CITY-ST-ZIP    | HOULTON ME 04730        |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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

Date

Daytime Phone #

Lawrence W. Gough / 2-21-00 863-318-9500  
Gough