

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J99779

1. Entity Name

GOOD LIFE ASSOCIATES, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90092 010 ***158.75

Principal Place of Business

Mailing Address

--- SECOND ST
201
MYERS FL 33901

2502 SECOND ST
STE 201
FT MYERS FL 33901-2532
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

65-0014424

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

GOODMAN, MARILYN
2502 SECOND ST
STE 201
FORT MYERS FL 33916

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

VT
POE, GARY R
1690 MANY ROAD
FT MYERS FL 33903

☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

PSD
GOODMAN, MARILYN
2502 SECOND ST, #201
FT MYERS FL 33901

☐ Delete

TITLE
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STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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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)(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 #

CR2E034 (9/99)