

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90046 034 \*\*\*150.00

**DOCUMENT # K70396**

1. Entity Name  
**GODBEY ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**10634 POINTOVERLOOK DRIVE**      **10634 POINT OVERLOOK DRIVE**  
**CLERMONT FL 3471**                      **CLERMONT FL 34711-8473**  
**US**    **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**8445 Bailey Dr**                      **8445 Bailey Dr**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State      City & State  
**Clermont FLA**                      **Clermont FLA**

Zip      Country      Zip      Country  
**34711**      **US**                      **34711**      **US**

4. FEI Number      Applied For  
**59-2964216**                       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
                     

6. Name and Address of Current Registered Agent  
**GODBEY, JAMES LARRY**  
**10634 POINT OVERLOOK DRIVE**  
**CLERMONT FL 34711**

7. Name and Address of New Registered Agent  
 Name **Godbey, James Larry**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8445 Bailey Dr**  
 City **Clermont**      FL      Zip Code **34711**

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      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      Registered Agent signature required when reinstating

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back)      **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	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>GODBEY, JAMES LARRY</b>
STREET ADDRESS	<b>10634 POINT OVERLOOK DRIVE</b>
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>GODBEY, MARITZA RAFAELA</b>
STREET ADDRESS	<b>10634 POINT OVERLOOK DRIVE</b>
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Godbey, James Larry</b>
STREET ADDRESS	<b>8445 Bailey Dr</b>
CITY-ST-ZIP	<b>Clermont, FLA 34711</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Godbey, Maritza Rafaela</b>
STREET ADDRESS	<b>8445 Bailey Dr</b>
CITY-ST-ZIP	<b>Clermont, FLA 34711</b>
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:      Date **4-19-2000**      Daytime Phone # **(352) 429-5007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)