

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
 03-08-2001 90076 012 ***158.75

DOCUMENT # **L 06137**

1. Entity Name

TERRY McGOFF, INC.

Principal Place of Business

Mailing Address

**3623 WATERFIELD RD
 LAKELAND, FL. 33803
 US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 2490

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

EATON PARK, FL.

4. FEI Number

59-2961510

Applied For

Not Applicable

Zip

Country

Zip

33840-2490

Country

US

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

**McGOFF, TERRY
 108 HAMM DR.
 AUBURNDALE, FL. 33823**

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, 2001 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 **P** ☐ Delete
 NAME **HITES, MICHAEL H**
 STREET ADDRESS **14325 LAVALTON DR.**
 CITY-ST-ZIP **ORLANDO, FL. 32837**

TITLE **ST** ☐ Change ☒ Addition
 NAME **SWEENEY, CAROLE L**
 STREET ADDRESS **5722 LAKE FOX DR.**
 CITY-ST-ZIP **WINTER HAVEN, FL. 33884**

TITLE **V** ☐ Delete
 NAME **THOMPSON, DAVID E.**
 STREET ADDRESS **138 CARTER BLVD**
 CITY-ST-ZIP **DOLK CITY, FL. 33868**

TITLE **V** ☐ Change ☒ Addition
 NAME **PETTYS, RICHARD L.**
 STREET ADDRESS **6402 MICHAEL LN.**
 CITY-ST-ZIP **LAKELAND, FL. 33811**

TITLE **V** ☐ Delete
 NAME **McGOFF, PAMELA M**
 STREET ADDRESS **108 HAMM DR.**
 CITY-ST-ZIP **AUBURNDALE, FL. 33823**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☒ Delete
 NAME **FLAKES, CAROLE L**
 STREET ADDRESS **13151 PHOENIX WOODS LN**
 CITY-ST-ZIP **ORLANDO, FL. 32824**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☒ Delete
 NAME **MARTIN, RUSSELL W**
 STREET ADDRESS **1114 KENWORTH DR.**
 CITY-ST-ZIP **APOPKA, FL. 32712**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **JOINER, VIRGIL L**
 STREET ADDRESS **1745 HORIZON WAY**
 CITY-ST-ZIP **BARTOW, FL. 33830**

TITLE ☐ Change ☐ 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

TERRY P. McGOFF

Date

2-14-01

Daytime Phone #

863-667-2121

CR2E034 (1/1/00)