

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000331

1. Entity Name
GOOD TIDINGS I, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 30 PM 1:29

Principal Place of Business
5344 GAULEY RIVER DRIVE
STONE MOUNTAIN GA 33087

Mailing Address
5344 GAULEY RIVER DRIVE
STONE MOUNTAIN GA 30087-2101



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTH, JAMES C
30 SOUTH SHORE DRIVE
DESTIN FL 32541

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GOSS, EDWARD M JR
5344 GAULEY RIVER DRIVE
STONE MOUNTAIN GA 30087

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
400003314274--2
-07/06/00--0101--007
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GOSS, SHIRLEY B
5344 GAULEY RIVER DRIVE
STONE MOUNTAIN GA 30087

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
COWLEY, RON
149 KATYDID LANE
MURRYVILLE GA 30564

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
COWLEY, MARCELLA
149 KATYDID LANE
MURRYVILLE GA 30564

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
STROUP, DAVID G JR
736 EAGLE MILL COURT
MARIETTA GA 30068

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MATHIS, E J TRUSTEE
550 CRABAPPLE LANE
ARDEN NC 28704

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/20/00 770-938-2035