

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001493

1. Entity Name  
GOOD TIDINGS III, 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

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

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

58-2383789

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

600003314266--6  
-07/06/00--01011--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
GOSS, SHIRLEY B  
5344 GAULEY RIVER DRIVE  
STONE MOUNTAIN GA 30087

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
COWLEY, RONALD E  
143 KATYDID LANE  
MURRAYVILLE GA 30564

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
COWLEY, MARCELLA  
143 KATYDID LANE  
MURRAYVILLE GA 30564

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
MATHIS, KEVIN  
44 ELEVACRES ROAD  
LEICESTER NC 28748

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
MATHIS, APRIL  
44 ELEVACRES ROAD  
LEICESTER NC 28748

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

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