

2002 UNIFORM BUSINESS REPORT (UBR)

0000640

DOCUMENT # N00000006320

1. Entity Name

GOLDEN GOOSE CHRISTIAN ACADEMY/INFANT CENTER & M
ITCHCOX PIANO/SEWING STUDIO, INC.

FILED

02 MAY 24 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5576 TIMUQUANA ROAD
STE. 101
JACKSONVILLE FL 32210

5526 BRENT STREET
JACKSONVILLE FL 32244

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

59-3671917

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

WILCOX, ROBIN
5526 BRENT STREET
JACKSONVILLE FL 32244

Name
Robin Wilcox, B.A.

Street Address (P.O. Box Number is Not Acceptable)
5447 Timuquana Rd Ste 101

City
Jacksonville

FL

Zip Code
32210

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.

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-06/04/02--01076--008

*****61.25 *****61.25
DATE

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WILCOX, ROBIN
5526 BRENT STREET
JACKSONVILLE FL 32244

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Robin Wilcox, B.A.
5447 Timuquana Rd.
Jax. Fl. 32210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WILCOX, KENYANNYA K
5526 BRENT STREET
JACKSONVILLE FL 32244

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Kenyananya K. Wilcox, B.S.
5447 Timuquana Rd.
Jax. Fl. 32210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WILCOX, KATANGA N
5526 BRENT STREET
JACKSONVILLE FL 32244

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Katanga Wilcox
5447 Timuquana Rd.
Jax. Fl. 32210

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STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robin Wilcox, B.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/02 (914) 317-5013

CR2E037 (9/01)