

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90008 018 ****61.25

DOCUMENT # NO1000000239

1. Entity Name

GONYON GLOBAL OUTREACH, INC.

Principal Place of Business

Mailing Address

2011 PINE CHASE COURT
TAMPA FL 33613

2011 PINE CHASE COURT
TAMPA FL 33613

2. Principal Place of Business

3. Mailing Address

Tampa, FLORIDA

27103 Sea Breeze way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Wesley Chapel, FL

Wesley Chapel, Florida

Zip 33543

Country PASCO

Zip 33543

Country PASCO

4. FEI Number

59-3687209

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

GONYON, ERIC
2011 PINE CHASE COURT
TAMPA FL 33613

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution.

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\$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 T
NAME GONYON, ERIC
STREET ADDRESS 2011 PINE CHASE COURT
CITY-ST-ZIP TAMPA FL 33613

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T
NAME GONYON, JENNIFER
STREET ADDRESS 2011 PINE CHASE COURT
CITY-ST-ZIP TAMPA FL 33613

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T
NAME VANRENSBURG, NICK
STREET ADDRESS 11401-TULLAMORE DRIVE
CITY-ST-ZIP TAMPA FL 33637

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-02 813-907-8097

CR2E037 (4/02)