FILED
May 28, 2002 8:00 am
Secretary of State

05-02-2002 90050 033 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007476

1. Entity Name

GOTA, Inc.

DO NOT WRITE IN THIS SPACE

30883

2. Principal Place of Business	3. Mailing Address
GOTA c/o Ft. King Tennis Center	GOTA c/o Vick Hart
Suite, Apt. #, etc. 3301 SE Ft. King St.	Suite, Apt. #, etc. 625 NE 9th Ave
City & State Ocala, FL	City & State Ocala FL
Zip 34470 Country USA	Zip 34470 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number "applied for" ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Vick Hart

Street Address (P.O. Box Number is Not Acceptable): 625 NE 9th Ave

City: Ocala FL Zip Code: 34470

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] 4/19/02

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE D	President
NAME	Vick Hart
STREET ADDRESS	625 NE 9th Ave
CITY-ST-ZIP	Ocala, FL 34470
TITLE D	Secretary/Treasurer
NAME	Ann Harple
STREET ADDRESS	3921 SE 20th Ct. Rd.
CITY-ST-ZIP	Ocala, FL 34480
TITLE D	HISTORIAN
NAME	Robert Drescher
STREET ADDRESS	2005 SW 39 Ave
CITY-ST-ZIP	Ocala FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ann Harple 4-19-02 352-867-5395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #