

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 04, 2000 08:00 AM
Secretary of State

DOCUMENT # N96000003803

1. Entity Name

THE GOETHE TRAIL, INC.

Principal Place of Business

1950 S.E. 111TH COURT

MORRISTON
32668

FL

Mailing Address

1950 S.E. 111TH COURT

MORRISTON
32668

FL

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

59-3396918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOEHLER HELEN F
1950 S.E. 111TH COURT

MORRISTON FL
32668

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.)

01/04/2000

DATE

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 VD ☐ Delete
NAME THOMAS PATRICIA
STREET ADDRESS 2750 NE 114 AVE.
CITY-ST-ZIP BRONSON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME KOEHLER WAYNE A
STREET ADDRESS 1950 S.E. 111TH COURT
CITY-ST-ZIP MORRISTON FL

TITLE STD ☒ Change ☐ Addition
NAME KOEHLER WAYNE A
STREET ADDRESS 1950 S.E. 111TH COURT
CITY-ST-ZIP MORRISTON FL 32668

TITLE PD ☐ Delete
NAME KOEHLER HELEN F
STREET ADDRESS 1950 S.E. 111TH COURT
CITY-ST-ZIP MORRISTON FL

TITLE PD ☒ Change ☐ Addition
NAME KOEHLER HELEN F
STREET ADDRESS 1950 S.E. 111TH COURT
CITY-ST-ZIP MORRISTON FL 32668

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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.