

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90133 047 *****61.25

DOCUMENT # N97000000647

1. Entity Name

THE GOOD SAMARITAN SPONSORSHIP PROJECT, INC.

T OF STA
Y

Principal Place of Business

Mailing Address

2310 NE 40TH AVE
OCALA FL 34470

2310 NE 40TH AVE
OCALA FL 34470

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

59-3441319

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

JOHNSON, RICHARD A
2310 NE 40TH AVE
OCALA FL 34470

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 \$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 PD
NAME JOHNSON, RICHARD A
STREET ADDRESS 2310 NE 46TH AVE
CITY-ST-ZIP Ocala FL 34470 ☐ Delete

TITLE
NAME
STREET ADDRESS 2310 NE 40TH AVE
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE STD
NAME JOHNSON, BARBARA A
STREET ADDRESS 2310 NE 46TH AVE
CITY-ST-ZIP Ocala FL 34470 ☐ Delete

TITLE
NAME
STREET ADDRESS 2310 NE 40TH AVE
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME RANAW, TOM
STREET ADDRESS 525 SE 61ST CT
CITY-ST-ZIP Ocala FL 34472 ☐ Delete

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

TITLE D
NAME SNYDER, GREG
STREET ADDRESS 4506 SE 5TH PLACE
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

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

TITLE D
NAME SNYDER, DEBBIE
STREET ADDRESS 4506 SE 5TH PLACE
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/11/02 352-622-1818

CR2E037 (9/01)