

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90005 016 \*\*\*\*61.25

**DOCUMENT # N98000002565**

1. Entity Name  
**GOLDEN ACCESS, INC.**



Principal Place of Business

**6416 26 STREET WEST  
BRADENTON FL 34207**

Mailing Address

**PO BOX 10601  
BRADENTON FL 34282  
US**

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 **65-0822250**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**VAN HOUTEN, RUSCEEN  
6416 26 STREET WEST  
BRADENTON FL 34207**

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **VAN HOUTEN, RUSCEEN**  
STREET ADDRESS **6416 26 STREET WEST**  
CITY-ST-ZIP **BRADENTON FL 34207**

TITLE **VPD** ☐ Delete  
NAME **GOLDMAN, SABRENA**  
STREET ADDRESS **8830 AUTUMN WINDS DR 204**  
CITY-ST-ZIP **RALEIGH NC 27615**

TITLE **SD** ☐ Delete  
NAME **RELEFORD, CARISSA**  
STREET ADDRESS **105 GULF COURT**  
CITY-ST-ZIP **NASHVILLE TN 37214**

TITLE **TD** ☐ Delete  
NAME **NORMAN, FRANK G**  
STREET ADDRESS **6407 - 26TH ST W**  
CITY-ST-ZIP **BRADENTON FL 34207**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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.

SIGNATURE: *Frank G Norman*

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-6-03**

Date

Daytime Phone #

CR2E037 (10/02)