

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005286

1. Entity Name

G.O.A.L.S., INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90321 050 ****61.50

Principal Place of Business

Mailing Address

7764 MYSTIC POINT COURT. E.
JACKSONVILLE FL 32277

7764 MYSTIC POINT COURT. E.
JACKSONVILLE FL 32277-0931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3634225

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JONES, CARLA D
7764 MYSTIC POINT COURT, E.
JACKSONVILLE FL 32277

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 C ☐ Delete
NAME DUMBLETON, DUANE DR
STREET ADDRESS 1625 GERALDINE DR
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☐ Change ☒ Addition
NAME MRS Barbara Funches
STREET ADDRESS 5258-12 Norwood Ave
CITY-ST-ZIP Jacksonville FL 32208

TITLE VC ☐ Delete
NAME KIMBROUGH, ROBERT
STREET ADDRESS 878 HURON ST
CITY-ST-ZIP JACKSONVILLE FL 32254

TITLE ☐ Change ☒ Addition
NAME MRS TRIDA Kimbrough
STREET ADDRESS 878 Huron St
CITY-ST-ZIP Jacksonville FL 32254

TITLE S ☐ Delete
NAME ST CLAIR, SUE
STREET ADDRESS 8005 BAYMEADOWS CIR E 2106
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE ☐ Change ☒ Addition
NAME Robert Kimbrough
STREET ADDRESS 878 Huron St
CITY-ST-ZIP Jacksonville FL 32254

TITLE T ☐ Delete
NAME PICKETT, DOUG
STREET ADDRESS 1024 HOLMSDALE AVE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Change ☒ Addition
NAME MR Richard Murphy
STREET ADDRESS 1055 Bay Meadows Rd #320
CITY-ST-ZIP Jacksonville FL 32256

TITLE D ☐ Delete
NAME BOUGHMAN, PARI
STREET ADDRESS 3746 PICKNEY ISLAND CT
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ Change ☒ Addition
NAME Helen Murphy
STREET ADDRESS 1055 Bay Meadows Rd #320
CITY-ST-ZIP Jacksonville FL 32207

TITLE D ☐ Delete
NAME BOUGHMAN, RICHARD
STREET ADDRESS 3746 PINKNEY ISLAND CT
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ Change ☒ Addition
NAME Dr. Bohmin Venus
STREET ADDRESS 824 Waterman Rd
CITY-ST-ZIP Jacksonville FL 32207

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 Ika empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/99)