

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO0000106277**

1. Entity Name

**GHGORE, Inc.**

Principal Place of Business

Mailing Address

**919 McCleary St.  
DeLay Beach, FL  
33483**

**Same**

2. Principal Place of Business

3. Mailing Address

**919 McCleary St**

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DeLay Beach, FL**

Zip

Country

Zip

Country

**33483**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**George H. Gore  
919 McCleary St.  
DeLay Beach, FL 33483**

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President** ☐ Delete  
NAME **Lori P. Godbold**  
STREET ADDRESS **919 McCleary St**  
CITY-ST-ZIP **DeLay Beach, FL 33483**

TITLE **Vice President** ☐ Change ☒ Addition  
NAME **Lori P. Godbold**  
STREET ADDRESS **919 McCleary St**  
CITY-ST-ZIP **DeLay Beach, FL 33483**

TITLE **President** ☐ Delete  
NAME **George Gore**  
STREET ADDRESS **919 McCleary St**  
CITY-ST-ZIP **DeLay Beach, FL 33483**

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **George Gore**  
**President**

**5/15/01** **561 2790545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

FILED

01 AUG 31 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900004571609--0

-09/06/01--01024--009

\*\*\*\*\*61.25 \*\*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1058590**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**