

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29373

1. Entity Name

GOALWIN INVESTMENTS LTD. INCORPORATED

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90091 035 ***150.00

Principal Place of Business

Mailing Address

B.W. SCHLUN
CHANCERY PLACE, UNIVERSITY PARK
SARASOTA FL 34201

C/O B.W. SCHLUN
6915 CHANCERY PLACE, UNIVERSITY PARK
SARASOTA FL 34201

2. Principal Place of Business

1858 Ringling Blvd.
Suite, Apt. #, etc.

3. Mailing Address

1858 Ringling Blvd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0264050

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

34236

Country

USA

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

SERGEANT, STANLEY H.
5119 FLICKER FIELD CIRCLE
SARASOTA FL 34231

Name
Renea M. Glendinning
Street Address (P.O. Box Number is Not Acceptable)

1858 Ringling Blvd.

City
Sarasota

FL

Zip Code
34236

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 Renea M. Glendinning
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/00

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
SCHLUN, WINFRIED H.
4575 WINDSOR PARK
SARASOTA FL

☐ Delete

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00

Date

(941) 365-4617

Daytime Phone *

CR2E034 (9/99)