

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90248 042 \*\*\*150.00

**DOCUMENT # P94000017235**

1. Entity Name  
**GOOSE POND CORPORATION**

0 0 0 0 0 9



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE FL 32308	Mailing Address 1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE FL 32308-7707 US
---	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--

4. FEI Number <b>59-3294419</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**TODD, DAVID E**  
**1801 HERMITAGE BLVD**  
**100**  
**TALLAHASSEE FL 32308**

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.

SIGNATURE \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	--

11. OFFICERS AND DIRECTORS

TITLE D NAME SMITH, JEFFREY L STREET ADDRESS 1801 HERMITAGE BLVD., #600 CITY-ST-ZIP TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete
TITLE P NAME DECOSTA, LALER C STREET ADDRESS 3424 PEACHTREE RD NE, SUITE 800 CITY-ST-ZIP ATLANTA GA 30326	<input type="checkbox"/> Delete
TITLE VAS NAME GOOD, LUANNE STREET ADDRESS 1801 HERMITAGE BLVD, SUITE 600 CITY-ST-ZIP TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete
TITLE V NAME FORTH, WILLIAM R STREET ADDRESS 3424 PEACHTREE RD NE, SUITE 800 CITY-ST-ZIP ATLANTA GA 30326	<input type="checkbox"/> Delete
TITLE D NAME BENNETT, DOUGLAS W STREET ADDRESS 1801 HERMITAGE BLVD, STE 100 CITY-ST-ZIP TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE DVAS NAME HORTON, JAMES W STREET ADDRESS 1801 HERMITAGE BLVD, SUITE 600 CITY-ST-ZIP TALLAHASSEE FL 32308	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S NAME Thomas A. McKean STREET ADDRESS 3424 Peachtree Road, NE., #800 CITY-ST-ZIP Atlanta, GA 30326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DVAT NAME Lynne Quick STREET ADDRESS 1801 Hermitage Blvd., #600 CITY-ST-ZIP Tallahassee, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VT NAME Renee Bergeron STREET ADDRESS 3424 Peachtree Road, NE., #800 CITY-ST-ZIP Atlanta, GA 30326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Douglas W. Bennett **Douglas W. Bennett, Director** 850/488-4406  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)