## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P96000007657** Mar 03, 2000 8:00 am **Secretary of State** GOLD INVESTMENTS OF PONTE VEDRA, INC. 03-03-2000 90025 009 \*\*\*150.00 Principal Place of Business Mailing Address GOLD INVESTMENTS OF P.J. INC GOLD INVERSTMENS OF P V INC 6000C SAWGRASS VILLAGE CIRCLE 6000C SAWGRASS VILLAGE PONTE VEDRA BEACH FL 32082-5026 PONTE VEDRA BEACH FL 32082 しじひんせんじん 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3360582 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOLD, KEITH D Street Address (P.O. Box Number is Not Acceptable) 100 EXECUTIVE WAY STE 101 PONTE VEDRA BEACH FL 32082 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE GOLD, KEITH D NAME NAME STREET ADDRESS STREET ADDRESS 6000C SAWGRASS VILLAGE CIRCLE CITY-ST-ZIP CITY-ST-ZIP PONTE VEDERA BEACH FL 32082 ☐ Addition ☐ Change ☐ Delete TITLE TITLE GOLD, KAREN B NAME NAME STREET ADDRESS STREET ADDRESS 136 NANDINA CIRCLE CITY-ST-ZIP CITY-ST-ZIP POINTE VEDRA BEACH FL ☐ Addition ☐ Change TITLE ☐ Delete GOLD, RUSSELL D NAME NAME STREET ADDRESS STREET ADDRESS 25430 OAKS BLVD CITY-ST-ZIP CITY-ST-ZIP LAND OF LAKES FL ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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 excurred 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 empreyered to execute this report is project 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

01/31/00

904-285-5669

Daytime Phone #