

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**  
 02-05-2001 90112 034 \*\*\*150.00

**DOCUMENT # P96000007657**

1. Entity Name  
**GOLD INVESTMENTS OF PONTE VEDRA, INC.**

Principal Place of Business  
**GOLD INVESTMENTS OF P.V. INC**  
**6000C SAWGRASS VILLAGE CIRCLE**  
**PONTE VEDRA BEACH FL 32082**  
**US**

Mailing Address  
**GOLD INVESTMENTS OF P.V. INC**  
**6000C SAWGRASS VILLAGE**  
**PONTE VEDRA BEACH FL 32082**  
**US**

2. Principal Place of Business  
**GOLD INVESTMENTS OF P.V., INC**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3360582**

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

**GOLD, KEITH D**  
**100 EXECUTIVE WAY STE 101**  
**PONTE VEDRA BEACH FL 32082**

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  **KEITH D. GOLD**

**01/05/01**  
 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 **D** ☐ Delete  
 NAME **GOLD, KEITH D**  
 STREET ADDRESS **6000C SAWGRASS VILLAGE CIRCLE**  
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **GOLD, KAREN B**  
 STREET ADDRESS **136 NANDINA CIRCLE**  
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **D** ☐ Delete  
 NAME **GOLD, RUSSELL D**  
 STREET ADDRESS **25430 OAKS BLVD**  
 CITY-ST-ZIP **LAND O' LAKES FL 34639**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **LAND O' LAKES, FL 34639**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

 **KEITH D. GOLD**

**01/05/01** **904-285-5669**  
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)