

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000067312**

1. Entity Name

GO FLORIDA, INC.**FILED**
May 17, 2000 8:00 am
Secretary of State

05-17-2000 91014 001 ***300.00

Principal Place of Business

Mailing Address

1325 E. VINE STREET
KISSIMMEE FL 34744**1325 E. VINE STREET**
KISSIMMEE FL 34744-3619**1 5 5 5 1**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1403 E VINE ST
Suite, Apt. #, etc.

3. Mailing Address

1403 E VINE ST
Suite, Apt. #, etc.

City & State

KISS FL

City & State

KISS FL

4. FEI Number

59-3407806

Applied For

Not Applicable

Zip

34744

Country

USA

Zip

34744

Country

USA5. 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

FISHER, KARL J
1325 E. VINE STREET
KISSIMMEE FL 34744

Name

Street

City

KISSIMMEE

FL

Zip Code

34744

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

April 1-009. 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 State10. 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	PD FISHER, JACK 1325 E. VINE STREET KISSIMMEE FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FISHER, SUE 1325 E. VINE STREET KISSIMMEE FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISHER, KARL J 1325 E. VINE STREET KISSIMMEE FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FISHER, SUE 1325 E. VINE STREET KISSIMMEE FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. FISHER**April 1-00**

Date

Daytime Phone #

407-931-0734