

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90047 017 ***158.75

DOCUMENT # P96000090683 (9)

1. Entity Name

ALLISON Golden Adventures, Inc.

Principal Place of Business

Mailing Address

9128 SE 154th St
 Summerfield, FL
 34491

P.O. BOX 211
 WEIRSDALE, FL
 32195

2. Principal Place of Business

3. Mailing Address

9128 SE 154th Street
 Suite, Apt. #, etc.

P.O. BOX 211
 Suite, Apt. #, etc.

City & State

City & State

Summerfield, FL

WEIRSDALE, FL

Zip

Country

Zip

Country

34491

MARION

32195

MARION

4. FEI Number

Applied For

59-3441669

Not Applicable

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

RANDALL JONES
 P.O. BOX 211 or 4740 NW 64th St
 WEIRSDALE, FL OCAIA, FL 34482

Name RANDALL L. JONES

Street Address (P.O. Box Number is Not Acceptable)

4740 NW 64th St

City OCAIA

FL

Zip Code

34482

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 *Randall Jones President*

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

(NOTE: Registered Agent signature required when reinstating)

4/29/2001

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	PD	☐ Delete
NAME	RANDALL L. JONES	
STREET ADDRESS	4740 NW 64th Street	
CITY-ST-ZIP	OCAIA, FL 34482	
TITLE	VPD	☐ Delete
NAME	BERNADELLE GIACONA	
STREET ADDRESS	9128 SE 154th St	
CITY-ST-ZIP	Summerfield, FL 34491	
TITLE	D Gregory A. Scott	☒ Delete
NAME	27 REDWOOD TRACK PASS	
STREET ADDRESS	OCAIA, FL 34472	
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Randall Jones President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2001 352-402-9819

DATE

DAYTIME PHONE #

CR2E034 (11/00)