

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90079 011 \*\*\*150.00

0356059 AV

**DOCUMENT # P96000097913**

1. Entity Name  
**GOLDEN BEAR APPAREL INTERNATIONAL, INC.**

Principal Place of Business  
**11780 US HIGHWAY ONE  
SUITE 400  
NORTH PALM BEACH FL 33408  
US**

Mailing Address  
**11780 US HIGHWAY ONE  
SUITE 400  
NORTH PALM BEACH FL 33408  
US**

**80038640**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0728619**

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

**FHS CORPORATE SERVICES, INC.  
11780 US HIGHWAY ONE  
SUITE 300  
NORTH PALM BEACH FL 33408**

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

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

(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) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D	NICKLAUS, W	11780 US HIGHWAY ONE SUITE 400 NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VP	O'BRIEN, ANDREW W	11780 US HIGHWAY ONE SUITE 400 WEST PALM BEACH FL 33408	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	AS	DOTY, DONNA L	11780 US HIGHWAY 1, #400 NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	NICKLAUS, JACK W II	11780 US HIGHWAY ONE STE 400 NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<del>GOOD</del>	<del>HOLSHOUSER, JESSE A</del>	<del>11780 US HIGHWAY ONE STE 400 NORTH PALM BEACH FL 33408</del>	<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VPS	SHERMAN, DAVID	11780 US HIGHWAY ONE STE 400 PALM BEACH FL 33480	<input type="checkbox"/> Delete					<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

Date

Daytime Phone #

CR2E034 (9/01)