

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022040

1. Entity Name

GOODENOUGH ENTERPRISES, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90076 019 ***150.00

Principal Place of Business

Mailing Address

4201 NW 16TH BLVD
GAINESVILLE FL 32605

4201 NW 16TH BLVD
GAINESVILLE FL 30008-5059

2. Principal Place of Business

13540 SW Archer Road

3. Mailing Address

13540 SW Archer Rd

Suite, Apt. #, etc.

LOT 143

Suite, Apt. #, etc.

LOT 143

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

Zip

32608

Country

Zip

32608

Country

4. FEI Number

59-3437942

Applied For

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

GOODENOUGH, WILLIAM R
4201 NW 16TH BLVD
GAINESVILLE FL 32605

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	GOODENOUGH, WILLIAM R	
STREET ADDRESS	4201 NW 16TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	GOODENOUGH, WILLIAM R	<input type="checkbox"/> Delete
NAME	GOODENOUGH, WILLIAM R	
STREET ADDRESS	13540 SW ARCHER RD LOT 143	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goodenough, William	
STREET ADDRESS	13540 SW ARCHER RD LOT 143	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: William R. Goodenough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-200 3523
Date Daytime Phone #

770-424-4348

CR2E034 (9/99)