

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90168 005 \*\*\*150.00

0096056  
AV

**DOCUMENT # P97000060818**

1. Entity Name  
**GOCO-OP, INC.**



Principal Place of Business  
**631 N WYMORE ROAD  
200  
MAITLAND FL 32751**

Mailing Address  
**631 N WYMORE ROAD  
200  
MAITLAND FL 32751**

2. Principal Place of Business  
**631 N. Wymore Rd.**  
Suite, Apt. #, etc.  
**160**

3. Mailing Address  
**631 N. Wymore Rd.**  
Suite, Apt. #, etc.  
**160**

City & State  
**Maitland, FL**

City & State  
**Maitland, FL**

Zip  
**32751**

Country  
**US**

Zip  
**32751**

Country  
**US**

4. FEI Number  
**59-3458322**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**RYBICKI, JACK  
631 N WYMORE ROAD  
SUITE 200  
MAITLAND FL 32751**

## 7. Name and Address of New Registered Agent

Name  
**DAVE DRESNER**  
Street Address (P.O. Box Number is Not Acceptable)  
**631 N. Wymore Rd.**  
**Suite 160**  
City  
**Maitland** **FL** Zip Code  
**32751**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-23-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM GOLDBERGER, SUZY 631 N WYMORE ROAD SUITE 200 160 MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP JOHNSTON, WILLIAM 631 N WYMORE ROAD SUITE 200 MAITLAND FL 32751	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM CAULO, RALPH 631 N WYMORE ROAD SUITE 200 MAITLAND FL 32751	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM RYAN, JOE 631 N WYMORE ROAD SUITE 200 MAITLAND FL 32751	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC FOUNTAIN, CHARLES 631 N WYMORE ROAD SUITE 200 MAITLAND FL 32751	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB FREY, DALE 631 N WYMORE ROAD SUITE 200 160 MAITLAND FL 32751	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Dave Dresner 631 N. Wymore Rd., Suite 160 Maitland, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-03** **407-622-4650**  
Date Daytime Phone #

CR2E034 (10/02)