

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070424

1. Entity Name

GOLDEN RULE CUSTOM HOMES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90043 002 ***158.75

Principal Place of Business

Mailing Address

~~1321 TOUR DR.~~
GULF BREEZE FL 32561

~~1321 TOUR DR.~~
GULF BREEZE FL 32561-3553
US

2. Principal Place of Business

22 Shoreline Place
Suite, Apt. #, etc.

3. Mailing Address

22 Shoreline Place
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Gulf Breeze, FL
Zip
32561

Country
US

City & State
Gulf Breeze, FL
Zip
32561

Country
US

4. FEI Number
59-3468285

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

JOYNER, RANDAL R
~~1321 TOUR DR.~~
GULF BREEZE FL 32561

Name
Street Address (P.O. Box Number is Not Acceptable)
22 Shoreline Place
City
FL Zip Code

8. The above named entry 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

2-11-2000

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 D	<input checked="" type="checkbox"/> Delete
NAME RAY, WALTER D	
STREET ADDRESS 3336 CRESTVIEW ST.	
CITY-ST-ZIP GULF BREEZE FL 32561	
TITLE DPST	<input type="checkbox"/> Delete
NAME JOYNER, RANDAL R	
STREET ADDRESS 1321 TOUR DR.	
CITY-ST-ZIP GULF BREEZE FL 32581	
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 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 22 Shoreline Place	
CITY-ST-ZIP	
TITLE	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-2000

Date

850-932-7114

Daytime Phone #

CR2E034 (9/99)