

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC -8 PM 5:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000084817

1. Corporation Name

GOOD TIMES TRAVEL CLUBS, INC.

Principal Place of Business

Mailing Address

1031 N.W. 6TH STREET
SUITE B-3
GAINESVILLE FL 32602

1031 N.W. 6TH STREET
SUITE B-3
GAINESVILLE FL 32602

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

1503 S.E. 13th Place

3. New Mailing Office Address, if Applicable

1503 S.E. 13th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32601

Country

USA

Zip

32601

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/1997

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPT	SIBREY, JAMES W	1031 N.W. 6TH STREET	GAINESVILLE FL 32602
DVS	WILLIAMS, EULA M	1503 S.E. 13TH PLACE	GAINESVILLE FL 32601
			9000002712599--7 -12/15/98--01029--017 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIBREY, JAMES W 1031 N.W. 6TH STREET SUITE B-3 GAINESVILLE FL 32602	Name	Eula M. Williams	
	Street Address (P.O. Box Number is Not Acceptable)	1503 S.E. 13th place	
	Suite, Apt. #, Etc.		
	City	Gainesville	State
		Zip Code	32601

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Eula M. Williams
REGISTERED AGENT MUST SIGN

Date 12/5/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Eula M. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/98
Date

352-376-8857
Daytime Phone #

CR2E040 (9/98)

Community
Health Center
at Eastside

*a service of the University of Florida
and Shands HealthCare*

2

November 30, 1998

TO WHOM IT MAY CONCERN:

Re: Eula Williams

Ms. Williams has been under my care from January 2, 1998 to the present time for a severe case of shingles. Because of this, she has been in a lot of pain and has been unable to function normally.



MAY E. MONTRICHARD, M.D.
Family Practice

MM/eb