

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084817

1. Entity Name

GOOD TIMES TRAVEL CLUBS, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90221 033 \*\*\*150.00

Principal Place of Business

1503 S.E. 13TH PLACE  
GAINESVILLE FL 32601

Mailing Address

1503 S.E. 13TH PLACE  
GAINESVILLE FL 32641-8261

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**APPLIED FOR**

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

**WILLIAMS, EULA M**  
**1503 S.E. 13TH PLACE**  
**GAINESVILLE FL 32601**

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 **DPST** ☐ Delete  
NAME **WILLIAMS, EULA M**  
STREET ADDRESS **1503 S.E. 13TH PLACE**  
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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

Date

Daytime Phone #

CR2E034 (9/99)

00567

PP 70000684817  
856739

STATE OF FLORIDA - OFFICE OF COMPTROLLER  
TAXPAYER IDENTIFICATION NUMBER VERIFICATION REQUEST  
JUNE 23, 1997

WILLIAMS, EULA M.  
1503 SE 13TH PLACE  
GAINESVILLE FL 32641

TIN - 262383673  
(262383673  
COMPTROLLER USE ONLY)

INSTRUCTIONS. Payments were made to you by an agency of the State of Florida. To insure that accurate tax information is reported on Form 1099 for federal income tax purposes, please:

1. In PART 1 below, verify your Tax Identification Number (TIN) and check FEIN or SSN. If the TIN is a Social Security Number, the name must be the owner's natural name as on Social Security card. Also verify name and address as shown above for accuracy and, if necessary, make any corrections.
2. Circle the business designation that identifies your type of trade or business in PART 2.
3. Using the enclosed self-addressed envelope, return this form as soon as possible to:

TIN Information  
Office of Comptroller  
Bureau of Accounting  
1202 The Capitol  
Tallahassee, Florida 32399-0350  
Telephone: (904) 488-0758

PART 1 - CORRECTIONS TO THE TIN, NAME AND/OR ADDRESS.

TIN

Check one ☒ Federal Employer Identification Number (FEIN)  
☒ Social Security Number (SSN) 262-38-3673

NAME

Good Times Travel Clubs, Inc

ADDRESS

1503 S.E. 13 PLACE  
GAINESVILLE, Florida 32641

PART 2 - BUSINESS DESIGNATION. Circle the designation that identifies your type of trade or business.

- 1- CORPORATION, PROFESSIONAL ASSOCIATION OR PROFESSIONAL CORPORATION (A corporation formed under the laws of any state within the United States.)
- 2- NOT FOR PROFIT CORPORATION (Section 501 (c) (3))
- 3- PARTNERSHIP, JOINT VENTURE, ESTATE OR TRUST
- 4- ☒ SOLE PROPRIETORSHIP OR SELF EMPLOYED (Must provide OWNER'S NAME.)
- 5- NONCORPORATE RENTAL AGENT
- 6- GOVERNMENTAL ENTITY (City, County, State or U.S. Government)
- 7- FOREIGN CORPORATION OR FOREIGN NATIONAL OR OTHER FOREIGN ENTITY (A corporation or other foreign entity formed under the laws of a country other than the United States or an individual temporarily in the United States who pays taxes as a citizen of a country other than the United States.)

NOTE: If several state agencies make payments to your business and are using a different TIN for your business, it is possible that your entity could receive more than one of these forms. Should this happen, please complete and return all forms to the address given above. Failure to complete and return this form may subject you to backup withholding in the amount of 20% of future payments pursuant to Section 3406, Internal Revenue Code.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REQUEST AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

Eula M. Williams  
SIGNATURE

DATE

TELEPHONE NUMBER

OWNER  
TITLE

4/28/2000

352 371 9595