

# 2006 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084817

1. Entity Name  
GOOD TIMES TRAVEL CLUBS, INC.



Principal Place of Business  
1503 S.E. 13TH PLACE  
GAINESVILLE FL 32641

Mailing Address  
1503 S.E. 13TH PLACE  
GAINESVILLE FL 32641

APPROVAL  
AND  
FILED

05 JUN 13 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*M*



☐ CHECK HERE IF MAKING CHANGES

*2005*

4. FEI Number 26-2383673

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 WILLIAMS, EULA M. 1503 S.E. 13TH PLACE GAINESVILLE FL 32641	<input type="checkbox"/> Delete
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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: *Eula M. Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/05 352-376-8857  
Date Daytime Phone #

CR2E034 (4/03)

0126982 AT