

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011197

1. Entity Name

GOLDEN ADVENTURES, INC.

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90093 029 ***150.00

Principal Place of Business

4300 BRYNWOOD DRIVE
NAPLES FL 34119

Mailing Address

UNIT 901, WATERFORD III
1370 AMBERLY COURT
BONITA SPRINGS FL 34135
US

LUU43666



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Unit 901
Waterford III 1370 Amberly Ct
Suite, Apt. #, etc.

3. Mailing Address Unit 901, Waterford
III 1370 Amberly Court
Suite, Apt. #, etc.

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

4. FEI Number 59-3491414

Applied For
Not Applicable

Zip 34135 Country USA

Zip 34135 Country USA

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

CONEY, KAREN T ESQ.
C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH, 4TH FLOOR
NAPLES FL 34103

Name Kevin Coleman
Street Address (P.O. Box Number is Not Acceptable)
4001 N. Tamiami Trail Suite 300
City Naples FL Zip Code 34103

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

(Kevin Coleman)

(NOTE: Registered Agent signature required when reinstating)

3/20/00

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 D
NAME PLEMMONS, HAROLD F
STREET ADDRESS 4300 BRYNWOOD DRIVE
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

3-13-2000

941-594-1424

CR2E034 (9/99)