

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038660

1. Entity Name

GO VENTURE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90420 041 ***158.75

Principal Place of Business

Mailing Address

124 LAKE SHORE DRIVE
QS 1129
N PALM BEACH FL 33408

C/O R. SCOTT BUIST
420 U.S. HWY ONE, SUITE 15
NORTH PALM BEACH FL 33408-5599

2. Principal Place of Business

100 Lakeshore Drive

3. Mailing Address

Suite, Apt. #, etc.
Apt. 2157

Suite, Apt. #, etc.

City & State
North Palm Beach, FL

City & State

4. FEI Number 65-0853498

Applied For

Not Applicable

Zip
33408

Country
Palm Beach

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



00012001

BUIST, R. SCOTT C
420 US HIGHWAY ONE, #15
NORTH PALM BEACH FL 33408

Name Buist, R. Scott

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 DST
NAME DAVID, SUZANNE E
STREET ADDRESS 124 LAKE SHORE DRIVE QS 1129
CITY-ST-ZIP N PALM BEACH FL 33408

☐ Delete

TITLE DST
NAME Buist, Suzanne E.
STREET ADDRESS 100 Lakeshore Drive #2157
CITY-ST-ZIP North Palm Beach, FL 33408

☐ Change ☐ Addition

TITLE DP
NAME BUIST, F D
STREET ADDRESS 124 LAKE SHORE DRIVE QS 1129
CITY-ST-ZIP N PALM BEACH FL 33408

☐ Delete

TITLE DP
NAME Buist, F.D.
STREET ADDRESS 100 Lakeshore Drive #2157
CITY-ST-ZIP North Palm Beach, Florida 33408

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

April 18, 2000 561-627-5882

Date

Daytime Phone #

CR2E034 (9/99)