

# 2000 UNIFORM BUSINESS REPORT (UBR)

7/1

**FILED**  
**Aug 01, 2000 8:00 am**  
**Secretary of State**

07-10-2000 90014 048 \*\*\*550.00

**DOCUMENT # P99000008295**

1. Entity Name

**GOODWIN RAMSEY INC**

Principal Place of Business

Mailing Address

777 S. FLAGLER DR., SUITE 800 W  
W. PALM BCH FL 33401

777 S. FLAGLER DR., SUITE 800 W  
W. PALM BCH FL 33401-6163

2. Principal Place of Business

3. Mailing Address

**205 NORTH AVENUE**  
Suite, Apt. #, etc.  
**SUITE 201**

**SAME AS**  
Suite, Apt. #, etc.  
**PRINCIPAL**

City & State

**PALM BEACH, FL.**

City & State

**PALM BEACH, FL.**

4. Fil Number

**65-0892183**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GOODWIN, GARY R**  
**777 S. FLAGLER DR., SUITE 800 W**  
**W. PALM BCH FL 33401**

7. Name and Address of New Registered Agent

Name

**GARY R. GOODWIN**

Street Address (P.O. Box Number is Not Acceptable)

**205 NORTH AVENUE**

**SUITE 201**

City

**PALM BEACH**

FL

Zip Code

**33480**

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

**GARY R. GOODWIN**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**6/22/00**

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

TITLE **PRESIDENT**  
NAME **GARY R. GOODWIN** ☐ Delete  
STREET ADDRESS **2165 IBIS ISLE ROAD #12**  
CITY-ST-ZIP **PALM BEACH, FL. 33480**

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/22/00 561-547-2086**

Date

Daytime Phone #

CF-1034 (1/95)