

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035611

1. Entity Name

THE GOLD STANDARD AT MILLHOPPER, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90115 023 ***150.00

Principal Place of Business

Mailing Address

4330 NORTHWEST 23RD AVE.
GAINESVILLE FL 32606

4330 NORTHWEST 23RD AVE.
GAINESVILLE FL 32606-6541

60006828

2. Principal Place of Business

3. Mailing Address

4330 NW 23RD AVE

4330 NW 23RD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GAINESVILLE, FL

GAINESVILLE, FL

Zip

Country

USA

Zip

Country

USA

32606

ALACHUA

32606

ALACHUA

4. FEI Number

59-3570048

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

FLURIACH, SALVADOR
4330 NORTHWEST 23RD AVE.
GAINESVILLE FL 32606

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

Sal Fluriach

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 ☐ Delete
NAME D
STREET ADDRESS FLURIACH, SALVADOR
CITY-ST-ZIP 4330 NORTHWEST 23RD AVE.
GAINESVILLE FL 32606

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
NAME
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:

Salvador Fluriach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00

Date

352-374-4653

Daytime Phone #