

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90019 017 ***158.75

DOCUMENT # P99000039568

1. Entity Name

GOGOOSE, INC.

Principal Place of Business

Mailing Address

**401 E ALFRED ST
TAVARES FL 32778****401 E ALFRED ST
TAVARES FL 32778-3301**

00040010

2. Principal Place of Business

420 E. Alfred St.

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAVARES, FL

City & State

4. FEI Number

59-3575621

Applied For

Not Applicable

Zip

Country

32778**USA**

Zip

Country

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAHAN, NANCY E
401 E ALFRED ST
TAVARES FL 32778**

7. Name and Address of New Registered Agent

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

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAHAN, NANCY E	
STREET ADDRESS	401 E ALFRED ST	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOESCH, TERRENCE G	
STREET ADDRESS	923 E ALFRED ST	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Nancy E. Mahan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	420 E. Alfred Street	President
STREET ADDRESS	TAVARES, FL 32778	
CITY-ST-ZIP		
TITLE	Rajiv Swaminathan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	420 E. Alfred Street	Vice President,
STREET ADDRESS	TAVARES, FL 32778	Secy., Treasurer
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

16614-19/99

C.F.

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/25/00**
Date**(352) 343-7311**
Daytime Phone #