

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90205 001 ***150.00

DOCUMENT # P99000045649

1. Entity Name
THE GOAL POST, INC.

Principal Place of Business
**7123 N ROME AVENUE
 TAMPA FL 33604**

Mailing Address
**7123 N ROME AVENUE
 TAMPA FL 33604**

004200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
SAME 7123 N. ROME AV. SAME 7123 N. ROME AV.

3. Mailing Address
SAME 7123 N. ROME AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, Fla

City & State
TAMPA, Fla.

4. FEI Number **59-3588802**

Applied For
 Not Applicable

Zip
33604

Country
Heelsb.

Zip
33604

Country
Heelsb.

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

**HERLONG, DAVID A
 7123 N ROME AVENUE
 TAMPA FL 33604**

Name **JUDY DUARTE**
 Street Address (P.O. Box Number is Not Acceptable)
7123 N. Rome Ave
Tampa, Fla.
 City **Tampa, Florida FL** Zip Code **33604**

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 **JUDY DUARTE** *Judy Duarte* **4/30/01**
 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, 2001 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** ☒ Delete
 NAME **BAXENDALE, JAMES A**
 STREET ADDRESS **7123 N ROME AVENUE**
 CITY-ST-ZIP **TAMPA FL 33604**

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

TITLE **D** ☒ Delete
 NAME **HERLONG, DAVID A**
 STREET ADDRESS **7123 N ROME AVENUE**
 CITY-ST-ZIP **TAMPA FL 33604**

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

TITLE **P** ☐ Delete
 NAME **JUDY DUARTE**
 STREET ADDRESS **7123 N. Rome Ave**
 CITY-ST-ZIP **TAMPA, FL 33604**

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: **JUDY DUARTE** *Judy Duarte* **4/30/01** **813-416-7565**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)