

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 08, 2001 8:00 am  
Secretary of State

02-08-2001 90059 032 \*\*\*150.00

DOCUMENT # P99000062370

1. Entity Name

GOLDEN R, INC.

Principal Place of Business

11983 N. TAMiami TR.,STE.151  
NAPLES FL 34110

Mailing Address

11983 N. TAMiami TR.,STE.151  
NAPLES FL 34110

2. Principal Place of Business

18570 DEEP PASSAGE LN

3. Mailing Address

18570 DEEP PASSAGE LN

Suite-Apt.-#., etc.

Suite-Apt.-#., etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS, BEACH

City & State

FT. MYERS BEACH

4. FEI Number

65-0939065

Applied For

Not Applicable

Zip

33931

Country

Zip

33931

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAXUM MANAGEMENT, CORP.  
11983 N. TAMiami TR.,STE.151  
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name

GOLDEN B, INC

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

18570 DEEP PASSAGE LN

City

FT. MYERS BEACH

FL

Zip Code

33931

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

*as PRESIDENT J. WEYERS*

02/04/01

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

TITLE DPST  
NAME WEYERS, JUERGEN  
STREET ADDRESS 26511 CARHSTON DR  
CITY-ST-ZIP BONITA SPRINGS FL 34135

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST  
NAME WEYERS, JUERGEN  
STREET ADDRESS 18570 DEEP PASSAGE LN  
CITY-ST-ZIP FT. MYERS BEACH, FL 33931

☒ Change

☐ Addition

TITLE VP  
NAME ~~HELMUT~~ SIEGMUND, HELMUT  
STREET ADDRESS 18570 DEEP PASSAGE LN  
CITY-ST-ZIP FT. MYERS BEACH, FL 33931

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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☐ Change

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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

JUERGEN WEYERS

02/04/01

Date

941-273-3889

Daytime Phone #

CR2E034 (10/00)