

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am  
Secretary of State

01-30-2001 90004 038 \*\*\*150.00

DOCUMENT # P99000076522

1. Entity Name

GOLDEN ISLES DEVELOPMENT CORP.

Principal Place of Business

2300 DIANA DRIVE  
HALLANDALE FL 33009

Mailing Address

2300 DIANA DRIVE  
HALLANDALE FL 33009

2. Principal Place of Business

409 W. Hallandale  
Suite, Apt. #, etc. 217

3. Mailing Address

409 W. Hallandale  
Suite, Apt. #, etc. 217

City & State

Hallandale, FL

City & State

Hallandale, FL

Zip

33009

Country

Bonard

Zip

33009

Country

Bonard

4. FEI Number

65-0947745

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHITTAKER, LAURIE S. ESQ.  
1065 N.E. 125TH STREET  
SUITE 300  
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

Greg Goldston

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

409 W. Hallandale 217

City

Hallandale

FL

Zip Code

33009

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

1-15-2001

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 DPVP  
NAME GOLDSTON, LEE  
STREET ADDRESS 2300 DIANA DRIVE  
CITY-ST-ZIP HALLANDALE FL 33009 ☒ Delete

TITLE T  
NAME GOLDSTON, LEE  
STREET ADDRESS 2300 DIANA DRIVE  
CITY-ST-ZIP HALLANDALE FL 33009 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME Goldston, Greg ☒ Change ☐ Addition  
STREET ADDRESS 409 W. Hallandale #217  
CITY-ST-ZIP Hallandale, FL 33009 ☐ Change ☐ Addition

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

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

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

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

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

Date

Daytime Phone #

1-15-2001

5310

CR2E034 (10/00)