

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90130 043 ***150.00

DOCUMENT # V39710

1. Entity Name

THE GOLDMAN GROUP, INC.

Principal Place of Business

Mailing Address

10330 N. DALE MABRY HWY
 STE 226
 TAMPA FL 33618
 US

10330 N. DALE MABRY HWY
 STE 226
 TAMPA FL 33618-3311
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12000 N. Dale Mabry Hwy.

12000 N. Dale Mabry Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #270

Suite #270

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33618

USA

33618

USA

4. FEI Number 59-3128527

☒ 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

GOLDMAN, TODD
 10330 N. DALE MABRY HWY
 SUITE 226
 TAMPA FL 33618

Name

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

12000 N. Dale Mabry Hwy.

Suite # 270

City Tampa

FL

Zip Code

33618

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GOLDMAN, TODD	
STREET ADDRESS	14621 VILLAGE GLEN CIR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOLDMAN, DEB	
STREET ADDRESS	14621 VILLAGE GLEN CIR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME	MARINO, MESHELLE	
STREET ADDRESS	2540 LAKE ELLOR CIR.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	S	<input type="checkbox"/> Delete
NAME	PRICE, KIMBERLY	
STREET ADDRESS	4255 W. HUMPHREY #421	
CITY-ST-ZIP	TAMPA FL 33614	
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"/> 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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9717 Hidden Oaks Circle	
CITY-ST-ZIP	Tampa, FL 33618	
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		

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:

Meshele Marino

4/14/00

813-264-2772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)