2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # V40194** Feb 16, 2000 8:00 am **Secretary of State** AUSTRALIAN GOLD OF S.W. FLA., INC. 02-16-2000 90013 035 ***150.00 Principal Place of Business Mailing Address 7225 ESTERO BLVD. 28521 WINTHROP CIRCLE FORT MYERS BEACH FL 33931 BONITA SPRINGS FL 34134-3324 **~~~10300** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0341928 Not Applicable Zip Country Zip Country \$8.75 Additional 5 Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ECHOLS, LARRY A. Street Address (P.O. Box Number is Not Acceptable) 6100 ESTERO BLVD. FORT MYERS BEACH FL 33931 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME DURRETT, ALVA E., JR. STREET ADDRESS 28521 WINTHROP CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL** Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME W. Kind Care The STREET ADDRESS STREET ADDRESS Sola Fraction CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 agrequired 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 to the corporation of the receiver of trustee empowered to the corporation of the receiver of trustee empowered to the corporation of the receiver of trustee empowered to the corporation of the receiver of trustee empowered to the corporation of the receiver of trustee empowered to the corporation of the receiver of trustee empowered to execute this report agreement of the corporation of the receiver of trustee empowered to execute this report agreement of the corporation of the receiver of trustee empowered to execute this report agreement of the corporation of the receiver of trustee empowered to execute this report agreement of the corporation of the receiver of trustee empowered to execute this report agreement of the corporation of the receiver of trustee empowered to execute this report agreement of the corporation of the receiver of trustee empowered to execute this report agreement of the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the cor