

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90131 027 \*\*\*150.00

**DOCUMENT # V40684**

1. Entity Name  
**THE GOLDEN ANCHOR INN, INC.**



Principal Place of Business  
**6403 ROOSEVELT BLVD  
JACKSONVILLE FL 32244**

Mailing Address  
**6403 ROOSEVELT BLVD  
JACKSONVILLE FL 32244**

2. Principal Place of Business

**George's Golden Anchor**

3. Mailing Address

**5150 Timuquana Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**5150 Timuquana Rd. #15**

City & State

**Jacksonville, Fla**

City & State

**Jacksonville, Fla**

Zip

**32210**

Country

**DUAL**

Zip

**32210**

Country

**DUAL**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3126680**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**POPELL, ROBERT M.  
5104 BLACKBURN ROAD  
JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Deborah A. Garza*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **GARZA, DEBORAH A**  
STREET ADDRESS **5197 BROKEN ARROW DR N**  
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **VP** ☐ Delete  
NAME **POPELL, DEBORAH ANNE**  
STREET ADDRESS **5197 BROKEN ARROW GARZA**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Deborah A. Garza*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/29/03 904-777-1257**

CR2E034 (10/02)