## Ameのdes 気 61.25 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V69028 - 1. Entity Name						FILED SEUNETARY OF STATE			
THE GOLDEN HOMES GROUP, INC.						TYDION OF CORPORATION			
Principal Place of Business Mailing Address  119 Marion Oaks Blvd., Unit B SAME Ocala, FL 34473						00 OCT -9 PM	12: 51		
2. Principal Place of Business 119 Marion Oaks Blvd., SAME Suite, Apt. #, etc. Suite, Apt. #, etc.									
Unit_	B	Suite, Apt. #, etc.  City & State			1	DO NOT WRITE IN THIS SPACE  4. FEI Number Applied For			
City & Stat Ocala	<del></del>	<u> </u>				59–3144735   Not Applicable			
Zip Country USA		Zip	Country			5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
MICHAEL J. COOPER, ESQUIRE 321 NW Third Avenue Ocala, FL 34475-8818				Street Address (P.O. Box Number is Not Acceptable)					
			Ţ	City		<u> </u>	FL Zip Co	de	
8. The above	named entity submits this statement f				registered age	·	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOWILL FEE  After MAY 1, 2000 Pas  Make Check Payable to De					50.00 of State	Election Campaign Financin Trust Fund Contribution.	Adde	00 May Be	
11.	OFFICERS AND		12.	· 1		DITIONS/CHANGES TO OFFICER	S AND DIRECTOR  Change	RS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	DAVID J. WIGGINS 1800 SW 55th Street Road Ocala, FL			ADDRESS ST-ZIP	DAVID J. WIGGINS				
NAME STREET ADDRESS CITY-ST-ZIP	i de invision de Res			ADDRESS	DELETE (	JOHN J. BOTT AS OF	FICER/DIR	ECTOR <sup>dition</sup>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ADDRESS T-ZIP	Rosedale, NY 11422				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIF	STEVEN 20340 S Dunnell	resident/Treasurer LESLIE SCHWIER SW 79th Lane lon, FL 34431	/Director	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	FE M. I 2600 SV	ary/Director LOPEZ N 10th Street, Sui FL 34474	□ Change te 208	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	CITY-S	ADDRESS T-ZIP		30000342 -10/12/00			
13. I hereby condicated of the corporate changed.	ertify that the information supplied with on this report or supplemental report is contained on the report in contained on the report in contained on the report in contained on an address.	n this filing does not qualify fo s true and accurate and that in owered to execute this report with all other like empowered	or the exemp my signatur : as required	ption state re shall ha d by Chap	ed in Section 1 ve the same le oter 607, Florid	19.07(3)(i), Florida Slatutes Trum egal effect as if made under oath; i a Statutes; and that my name app	that I am an office lears in Block 11 o	Information r or director or Block 12 if	
		PRINTED NAME OF SIGNING OFFICES	SECTOR SECTOR			Date	Daytime Phone #		