

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90132 015 ****61.25

DOCUMENT # N96000004388

1. Entity Name

THE BREAKFAST CLUB OF GAINESVILLE, INC.

Principal Place of Business

Mailing Address

**3463 N.W. 13TH STREET
 GAINESVILLE FL 32609**

**3463 N.W. 13TH STREET
 GAINESVILLE FL 32609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3398610

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, JULIE A
 3463 N.W. 13TH STREET
 GAINESVILLE FL 32609**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CARRELL, VIVIAN | |
| STREET ADDRESS | 2814 SW 34TH STREET | |
| CITY-ST-ZIP | GAINESVILLE FL 32608 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GALAMBOS, CARL | |
| STREET ADDRESS | 1144 N.W. 78TH BLVD | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | PURSELL, PERRY | |
| STREET ADDRESS | 5542 N.W. 43RD STREET | |
| CITY-ST-ZIP | GAINESVILLE FL 32653 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JOHNSON, JULIE A | |
| STREET ADDRESS | 3463 N.W. 13TH STREET | |
| CITY-ST-ZIP | GAINESVILLE FL 32609 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MARGARITA, MELISSA | |
| STREET ADDRESS | 4460 SW 20TH LANE | |
| CITY-ST-ZIP | GAINESVILLE FL 32607 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | FOLMER, RICK | |
| STREET ADDRESS | 6207 SW 35TH WAY | |
| CITY-ST-ZIP | GAINESVILLE FL 32608 | |

| | | |
|----------------|-----------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GILSON, TED | |
| STREET ADDRESS | 500 N.W. 60th ST, STE J | |
| CITY-ST-ZIP | GAINESVILLE, FL 32605-2077 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROBERTS, BARBARA | |
| STREET ADDRESS | 4141 NW. 37th PLACE | |
| CITY-ST-ZIP | GAINESVILLE, FL 32606-6179 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JUDOR, RICHARD | |
| STREET ADDRESS | P.O. Box 1346 | |
| CITY-ST-ZIP | ALACHUA, FL 32616-1346 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DI STEFANO, JOHN | |
| STREET ADDRESS | 2228 N.W. 40th TERR, STE C | |
| CITY-ST-ZIP | GAINESVILLE, FL 32606-3591 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MAREE, LYDIA | |
| STREET ADDRESS | 2441 NW. 43RD ST. | |
| CITY-ST-ZIP | GAINESVILLE, FL 32606-7469 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: [Signature] DATE: 4/27/02 DAYTIME PHONE #: (352) 378-5233

CR2E037 (9/01)