

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725804

1. Entity Name

PAPA'S DREAM, INC.

Principal Place of Business

5450-2ND AVENUE SOUTH
ST. PETERSBURG FL 33707

Mailing Address

5450-2ND AVENUE SOUTH
ST. PETERSBURG FL 33707

2. Principal Place of Business

3. Mailing Address

801 SPRINGWOOD DR

801 SPRINGWOOD DRIVE

Suite, Apt. #, Etc.

Suite, Apt. #, Etc.

City & State

ORLANDO

City & State

ORLANDO FL

Zip

32939

Country

USA

Zip

32839

Country

USA

4. FEI Number

23-7378095

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

BOYDSTUN, BRYANT
2600 NINTH STREET NORTH
ST. PETERSBURG FL 33704

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 PD
NAME LANGSTON (FRED)
STREET ADDRESS 5450 2ND AVE., SO.
CITY-ST-ZIP ST. PETERSBURG FL

☒ Delete

TITLE PD
NAME LANGSTON FRED
STREET ADDRESS 801 SPRINGWOOD DRIVE
CITY-ST-ZIP ORLANDO FL 32839

☒ Change

☐ Addition

TITLE VPD
NAME LANGSTON, LU
STREET ADDRESS 5440 2ND AVE., SO.
CITY-ST-ZIP ST. PETERSBURG FL

☒ Delete

TITLE VPD
NAME LANGSTON LU
STREET ADDRESS 801 SPRINGWOOD DRIVE
CITY-ST-ZIP ORLANDO FL 32839

☒ Change

☐ Addition

TITLE SD
NAME BOYDSTUN, BRYANT
STREET ADDRESS 2600 NINTH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME BLOUNT, GARY
STREET ADDRESS 1991 WINCHESTER ROAD N
CITY-ST-ZIP ST. PETERSBURG FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 17, 2000 859-9037

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE