

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90071 024 ****61.25

DOCUMENT # F03000003508

1. Entity Name

**NORTH AMERICAN ASSOCIATION OF SUBWAY
FRANCHISEES, INC.**



Principal Place of Business

**95 MERRICK WAY
SUITE 710
CORAL GABLES FL 33134**

Mailing Address

**95 MERRICK WAY
SUITE 710
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

11-7501998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	HATFIELD, JAMES	
STREET ADDRESS	210 PHYSICIANS PARK DRIVE	
CITY-ST-ZIP	CLINTON SC 29325	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	SAWYER, JOSEPH	
STREET ADDRESS	P.O. BOX 410	
CITY-ST-ZIP	CARLINVILLE IL 62626	
TITLE	<input checked="" type="checkbox"/> TARRAS, TERRY	<input type="checkbox"/> Delete
NAME	P.O. BOX 335	
STREET ADDRESS	SPOONER WI 54801	
CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> PERRUZZA, RON	<input type="checkbox"/> Delete
NAME	2108 OBECK CRESCENT	
STREET ADDRESS	MISSISSAUGA ON L5H 3-L7	
CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> DOWNEY, FRED	<input type="checkbox"/> Delete
NAME	P.O. BOX 301501	
STREET ADDRESS	ESCONDIDO CA 93030	
CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> BOLAND, GREG	<input type="checkbox"/> Delete
NAME	11782 FIRESTONE BLVD.	
STREET ADDRESS	NORWALK CA 90650	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Brough	
STREET ADDRESS	870 State Route 9	
CITY-ST-ZIP	Greensbury, NY 12804	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juelene Beck	
STREET ADDRESS	1013 Obispo Avenue	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N3997 Western Avenue	
STREET ADDRESS	Stone Lake, WI 54876	
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Parliamentarian	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dan Merkley	
STREET ADDRESS	PO Box 6098	
CITY-ST-ZIP	Timisfail, Alberta T4G 1S7	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

JUELENE BECK, 2-15-05, 305-448-8553

Date

Daytime Phone #