

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004040

1. Entity Name

ONESOURCE FRANCHISE SYSTEMS, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90041 030 ***150.00

Principal Place of Business

Mailing Address

1600 PARKWOOD CIRCLE, SUITE 400
ATLANTA GA 30339

1600 PARKWOOD CIRCLE, SUITE 400
ATLANTA GA 30339-2119

2. Principal Place of Business

3. Mailing Address

c/o Carlisle Management
Services, Inc.
4800 N. FEDERAL Highway
Suite 200B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FL

4. FEI Number

22-3667071

Applied For

Not Applicable

Zip

Country

Zip

33431

Country

USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GROSS, RAYMOND A
STREET ADDRESS 4800 N. FEDERAL HIGHWAY, SUITE 200B
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D
NAME PETER GAZE
STREET ADDRESS 4800 N. FEDERAL Hwy #200B
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE V
NAME WILLIAMS, GEORGE A
STREET ADDRESS 1600 PARKWOOD CIRCLE, SUITE 400
CITY-ST-ZIP ATLANTA GA 30339

TITLE AS
NAME Roger Gebhard
STREET ADDRESS 4800 N. Federal Hwy. #200B
CITY-ST-ZIP Boca Raton, FL 33431

TITLE VS
NAME LEVINE, STEVEN J
STREET ADDRESS 4800 N. FEDERAL HIGHWAY, SUITE 200B
CITY-ST-ZIP BOCA RATON FL 33431

TITLE V/S/D
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME OLBERT, ANN M
STREET ADDRESS 4800 N. FEDERAL HIGHWAY, SUITE 200B
CITY-ST-ZIP BOCA RATON FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT
NAME MCGONAGILL, KENNETH
STREET ADDRESS 1600 PARKWOOD CIRCLE, SUITE 400
CITY-ST-ZIP ATLANTA GA 30339

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT
NAME HOLLEY, HUMAIRA
STREET ADDRESS 1600 PARKWOOD CIRCLE, SUITE 400
CITY-ST-ZIP ATLANTA GA 30339

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 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

Date

Daytime Phone #

561-368-3899

CR2E034 (9/99)