

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90254 009 ***150.00

DOCUMENT # F99000004040

1. Entity Name
ONESOURCE FRANCHISE SYSTEMS, INC.

Principal Place of Business
1600 PARKWOOD CIRCLE, SUITE 400
ATLANTA GA 30339

Mailing Address
C/O CARLISLE MANAGEMENT SERVICES, INC.
4800 N FEDERAL HWY STE 200B
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3667071**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2002 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 **D** ☐ Delete
NAME **GAZE, PETER**
STREET ADDRESS **4800 N. FEDERAL HIGHWAY, SUITE 200B**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **AT** ☐ Change ☒ Addition
NAME **Gibbs, Patricia**
STREET ADDRESS **1600 Parkwood Circle, #400**
CITY-ST-ZIP **Atlanta, GA 30339**

TITLE **AS** ☐ Delete
NAME **GEBHARD, ROGER**
STREET ADDRESS **4800 N FEDERAL HWY #200B**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **AS** ☐ Change ☒ Addition
NAME **Friedlander, Scott**
STREET ADDRESS **1600 Parkwood Circle, #400**
CITY-ST-ZIP **Atlanta, GA 30339**

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

TITLE **V/S/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **AS** ☐ Change ☒ Addition
NAME **Schoenfield, Eli**
STREET ADDRESS **4800 N. Federal Highway, Suite 200B**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **P** ☒ Delete
NAME **CAMPLESE, THOMAS**
STREET ADDRESS **1600 PARKWOOD CIRCLE, SUITE 400**
CITY-ST-ZIP **ATLANTA GA 30339**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger Gebhard

4/11/2002

(561) 368-3899

Date

Daytime Phone #

CR2E034 (9/01)