

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91794 017 ***150.00

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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 CARLSLE MANAGEMENT SERVICES, INC.
4800 N FEDERAL HWY STE 200B
BOCA RATON FL 33431**



2. Principal Place of Business

3. Mailing Address

1600 Parkwood Circle

Suite 400 Corporate Twp

Atlanta, Georgia

30339

U.S.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **22-3667071**

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

**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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GAZE, PETER	
STREET ADDRESS	4800 N. FEDERAL HIGHWAY, SUITE 200B	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GEBHARD, ROGER	
STREET ADDRESS	4800 N FEDERAL HWY #200B	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LEVINE, STEVEN J	
STREET ADDRESS	4800 N. FEDERAL HIGHWAY, SUITE 200B	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	T	<input type="checkbox"/> Delete
NAME	OLBERT, ANN M	
STREET ADDRESS	4800 N. FEDERAL HIGHWAY, SUITE 200B	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	AT	<input type="checkbox"/> Delete
NAME	GIBBS, PATRICIA	
STREET ADDRESS	1600 PARKWOOD CIRCLE, #400	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FRIEDLANDER, SCOTT	
STREET ADDRESS	1600 PARKWOOD CIRCLE #400	
CITY-ST-ZIP	ATLANTA GA 30339	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7700 Congress Avenue, Suite 3214
CITY-ST-ZIP	Boca Raton, Florida 33487
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7700 Congress Avenue, Suite 3214
CITY-ST-ZIP	Boca Raton, Florida 33487
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7700 Congress Avenue, Suite 3214
CITY-ST-ZIP	Boca Raton, Florida 33487
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bluestein, Patricia
STREET ADDRESS	
CITY-ST-ZIP	
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 607, 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: **Patricia Gibbs Bluestein**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Gibbs Bluestein
Assistant Treasurer

4/21/03 **(770) 436-9900**
Date Daytime Phone #

CR2E034 (10/02)

Attachment

80111134
#F99000004040

**OneSource Franchise Systems, Inc.
Officer Attachment**

President	Vacant
Senior Vice President & Chief Financial Officer	Michael J. Geisler
Executive Vice President	Cheryl C. Jones
Assistant Treasurer	Patricia G. Bluestein
Assistant Secretary	Scott E. Friedlander

Address for all of the above:
1600 Parkwood Circle, Suite 400
Atlanta, GA 30339

Director, Vice President	Peter M.R. Gaze
Director, Vice President & Secretary	Steven J. Levine
Treasurer	Ann M. Olbert
Assistant Secretary	Eli D. Schoenfield
Assistant Secretary	Roger Gebhard

Address for all of the above:
Carlisle Management Services, Inc.
7700 Congress Avenue, Suite 3214
Boca Raton, FL 33487