

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90111 042 \*\*\*150.00

**DOCUMENT # J78546**

**1. Entity Name**  
**GUMBY'S OF CHAPEL HILL, INC.**



**Principal Place of Business**  
5217 SW 91ST DR  
GAINESVILLE FL 32608  
US

**Mailing Address**  
5217 SW 91ST DR  
GAINESVILLE FL 32608  
US



**2. Principal Place of Business**

7731 W. Newberry Rd.

Suite, Apt. #, etc.

Suite A-3

City & State  
Gainesville, FL

Zip  
32606

Country  
US

**3. Mailing Address**

7731 W. Newberry Rd.

Suite, Apt. #, etc.

Suite A-3

City & State  
Gainesville, FL

Zip  
32606

Country  
US

☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 59-2814856

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HAYTER, JOHN F  
704 NE FIRST ST  
GAINESVILLE FL 32601

**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

4/21/2003

**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**

**TITLE** PD ☐ Delete  
**NAME** HIPPLER, CHANCELLOR  
**STREET ADDRESS** 4306 SW 94 DR  
**CITY-ST-ZIP** GAINESVILLE FL 32608

**TITLE** VSD ☐ Delete  
**NAME** O'BRIEN, JEFF  
**STREET ADDRESS** 2903 SW 38 PLACE  
**CITY-ST-ZIP** GAINESVILLE FL

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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**TITLE** ☐ Change ☐ 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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/2003 (352)332-4141

CR2E034 (10/02)