

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91828 031 \*\*\*150.00

**DOCUMENT # J85476**

1. Entity Name  
**GUMBY'S PIZZA SYSTEMS, INC.**



Principal Place of Business  
5217 SW 91ST DR  
P.O. BOX 2917  
GAINESVILLE FL 32608  
US

Mailing Address  
5217 SW 91ST DR  
P.O. BOX 2917  
GAINESVILLE FL 32608  
US



2. Principal Place of Business  
**7731 W. Newberry Rd.**  
Suite, Apt. #, etc.  
**Suite A-3**  
City & State  
**Gainesville, FL**

3. Mailing Address  
**7731 W. Newberry Rd**  
Suite, Apt. #, etc.  
**Suite A-3**  
City & State  
**Gainesville, FL**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2826225**

Applied For  
Not Applicable

Zip **32606** Country **US**

Zip **32606** Country **US**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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

**HAYTER, JOHN F**  
**704 NORTHEAST FIRST STREET**  
**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

**4/25/2003**

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

TITLE **PD** ☐ Delete  
NAME **HIPPLER, CHANCELLOR**  
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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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

TITLE ☐ Change ☐ Addition  
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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

**4/25/2003**

Date

Daytime Phone #

CR2E034 (10/02)