

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-23-2003 90161 031 ***150.00

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DOCUMENT # K61520

1. Entity Name
GUMBY'S OF OHIO STATE, INC.



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

Mailing Address
5217 SW 91ST DR
GAINESVILLE FL 32608

10004113



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
59-2926236

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 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.

4/21/2003

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(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

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
O'BRIEN, JEFF
901 NW 8TH AVE., B-5
GAINESVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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)