

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90590 029 ****55.00

DOCUMENT # L00000011351

1. Entity Name
PAPA JOHN'S OF CENTRAL FLORIDA, LLC.

Principal Place of Business
**3508 WATERCREST PLACE
 ORLANDO FL 32835**

Mailing Address
**3508 WATERCREST PLACE
 ORLANDO FL 32835**

957920



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11335 SUSANS POINTS DR.
 Suite, Apt. #, etc.

3. Mailing Address
107 NE 1st AVENUE
 Suite, Apt. #, etc.

City & State
CLERMONT, FL

City & State
OCALA, FL

4. FEI Number **APPLIED FOR**
 Applied For
 Not Applicable

Zip Country
34711 USA

Zip Country
34470 USA

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTS, LARRY W
 3508 WATERCREST PLACE
 ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name **ROBERTS, LARRY W.**

Street Address (P.O. Box Number is Not Acceptable)

11335 SUSANS POINTE DR

City **CLERMONT** **FL** Zip Code **34711**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **ROBERTS, LARRY W**
 STREET ADDRESS **3508 WATERCREST PLACE**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **MGRM** ☐ Delete
 NAME **ROBERTS, JUANITA M**
 STREET ADDRESS **3508 WATERCREST PLACE**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **ROBERTS, LARRY W.**
 STREET ADDRESS **11335 SUSANS POINTE DR.**
 CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **ROBERTS, JUANITA M.**
 STREET ADDRESS **11335 SUSANS POINTE DR.**
 CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

LARRY W. ROBERTS

(352) 243-8640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)