

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # L81515

1. Entity Name

GREAT HARVEST BREAD COMPANY OF FT. MYERS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

02-03-2000 90016 047 ***158.75

Principal Place of Business

Mailing Address

7101-40A CYPRESS LAKE DRIVE
FT. MYERS FL 339077101-40A CYPRESS LAKE DRIVE
FT. MYERS FL 33907

2. Principal Place of Business

3. Mailing Address

13251 McGregor Blvd.

13251 McGregor Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT #C

UNIT #C

City & State

City & State

Ft. Myers, FL 33919

Ft. Myers, FL 33919

Zip

Country

Zip

Country

33919

U.S.A.

33919

USA

4. FEI Number

65-0200653

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARRY, TIMOTHY R.
 800 LAUREL OAK DRIVE
 SUITE 400
 NAPLES FL 33963

Name

JERRY LYNN TURNER

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

2467 ROUND TABLE CT.

City

FT MYERS

FL

Zip Code

33912

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)

Kathleen E. Turner, Vice President

01/20/00

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

X

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

X

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
 NAME TURNER, KATHLEEN ELKIN
 STREET ADDRESS 2467 ROUND TABLE CT
 CITY-ST-ZIP FT. MYERS FL

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE VP
 NAME TURNER, JERRY LYNN
 STREET ADDRESS 2467 ROUND TABLE COURT
 CITY-ST-ZIP FT MYERS FL

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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Change Addition

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 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN E. Turner

Date

Daytime Phone

2310

or 941-433-3863

CR2E034 (9/99)