2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800002615 1. Entity Name GAINSVILLE PIZZA, L.C.					SECRETARY OF STATE DIVISION OF CORPORATIONS 00 OCT -3 AMII: 02			
Principal Place of Business Mailing Address					00 001 0 11111			
4928 NW 39TH AVE. 2503 HWY 60 E. GAINESVILLE FL 32606 VALRICO FL 33594								
CAMILLOVIELE 7 E OLOGO								
2. Principal Place of Business 3. Mailing Address					(BB)(B)(B)(B) (B(B) (B)(I) BO)(I BD)(I) BO(I) BO	(
Suite, Apt. #, etc. Suite, Apt. #, e					DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEIN	umber 59-3544138	<u> </u>	plied For t Applicable	
Zip	Country	Zip.	Country		icate of Status Desired — -	\$5.00 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
JEFFRIES, C. COLE JR. Street Add				dens /DO Boy N	ess (P.O. Box Number is Not Acceptable)			
750 WEST LUMSDEN				uiess (r.U. Dox N	umper is Not Acceptable)			
BRANDON FL			City	<u> </u>		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.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								
		FILE NO	W!!! FEE IS \$5	50.00		-		
		Make Check Paya	able to Departm	ent of State				
9. MANAGING MEMBERS/MEMBERS 10.					ADDITIONS/CHANG			
TITLE NAME	MGR Kazbour, Talal	☐ Delete	TITLE NAME		کی کی ریسی رست راست راست رست وست	Change	Addition	
STREET ADDRESS	2503 HIGHWAY 60 EAST VALRICO FL 33594		STREET ADDRESS CITY-ST-ZIP		700003 41 -10/09/00	01015	016	
CITY-#T-ZIP	VALRICO PL 33394	☐ Delete	TITLE	<u> </u>	****** 50. (Change	50.00	
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TITLE Name		☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS			STREET ADORESS					
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NAME	<u>.</u>		NAME STREET ADDRESS				-	
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CITY-ST-ZIP		Delete	CITY- ST- ZIP			Change	Addition	
NAME		_ - 	NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			<u></u>		
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: SIGNATURED REQUIRED								
	SIGNATURE AND TYPED OR PRO	ITED NAME OF SIGNING MANAGING M	EMBER OR MANAGER		Date	Daytime Phone #	į	