

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001700

1. Entity Name

GREATÉR GAINESVILLE PIZZA, LLC

Principal Place of Business

1926 COLONIAL WAY CIRCLE  
HIXSON TN 37343

Mailing Address

1926 COLONIAL WAY CIRCLE  
HIXSON TN 32605-3740

2. Principal Place of Business

2220 NW 28th St.

3. Mailing Address

2220 NW 28th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32605

Country

U.S.A.

Zip

32605

Country

U.S.A.

4. FEI Number

58-2454277

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAJTAR, STEVEN A  
155 SABAL PALM DRIVE  
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

STASIEWICZ, BILL

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

2220 NW 28th St.

City

Gainesville

FL

Zip Code

32605

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM STASIEWICZ, BILL  
STREET ADDRESS 1926 COLONIAL WAY CIRCLE  
CITY-ST-ZIP HIXSON TN 37343 ☐ Delete

TITLE NAME MGRM STASIEWICZ, YORIKO  
STREET ADDRESS 1926 COLONIAL WAY CIRCLE  
CITY-ST-ZIP HIXSON TN 37343 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 2220 NW 28th Street  
CITY-ST-ZIP Gainesville FL 32605

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 2220 NW 28th Street  
CITY-ST-ZIP Gainesville FL 32605

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 200003208392-3  
CITY-ST-ZIP -04/14/00--01004--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3/21/00 (352)384-0404



DO NOT WRITE IN THIS SPACE

RECEIVED  
AND  
FILED  
00 MAR 29 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

my 4/1

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