

# 2000 UNIFORM BUSINESS REPORT (UBR)

L99000009024

DOCUMENT #

1. Entity Name

FRANCHISE OPPORTUNITIES.COM, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUN 16 PM 4:29

Principal Place of Business

Mailing Address

2. Principal Place of Business

790 SANTA ROSA BLVD.

Suite, Apt. #, etc.

SUITE 3003

City & State

FT WALTON BEACH, FL

Zip

32548

Country

OKALOOSA

3. Mailing Address

1085 POWERS PLACE

Suite, Apt. #, etc.

City & State

ALPHARETTA, GA

Zip

30004

Country

FULTON

4. FEI Number

59-3612059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name JOSEPH R. LUNSFORD

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

790 SANTA ROSA BLVD

SUITE 3003

City

FT. WALTON BEACH

FL

Zip Code

32548

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

10. ADDITIONS/CHANGES

TITLE PRESIDENT ☐ Delete  
NAME JOSEPH R LUNSFORD MGRM  
STREET ADDRESS 790 SANTA ROSA BLVD, SUITE 3003  
CITY-ST-ZIP FT WALTON BEACH, FL 32548

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
9000003300359--2  
-06/22/00 01013-012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
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 #

CR2E083 (11/99)