

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90968 013 ***150.00

DOCUMENT # M65066

1. Entity Name
FLORIDA YOGURT, INC.



Principal Place of Business
P.O. BOX 2366
BRANDON FL 33509-9366
US

Mailing Address
P.O. BOX 2366
BRANDON FL 33509-9366
US



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2869441**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRUMMOND, D. BRYAN
128 BARRINGTON DR.
BRANDON FL 33511

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DRUMMOND, D. BRYAN	
STREET ADDRESS	128 BARRINGTON DR	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARK MARLOW	
STREET ADDRESS	530 BEACON PKWY W #900	
CITY-ST-ZIP	BIRMINGHAM AL 35209	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRUMMOND, GARRY N	
STREET ADDRESS	530 BEACON PARKWAY W, SUITE 900	
CITY-ST-ZIP	BIRMINGHAM AL 35209	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **2/20/03** **813 259 9288**
Date Daytime Phone #