

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90041 048 ****61.25

DOCUMENT # N26621

1. Entity Name

KRUIZIN KLASSIC'S OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

**C/O LAWRENCE R. RAUSCH
 BOX 324
 BALDWIN FL 32234**

**C/O LAWRENCE R. RAUSCH
 BOX 324
 BALDWIN FL 32234**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2950680

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

**RAUSCH, LAWRENCE R.
 712 SOUTH EDGEWOOD AVENUE
 JACKSONVILLE FL 32205**

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.

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **MILLER, GAIL**
 STREET ADDRESS **RT 24 BOX 93 BRANDY BRANCH RD**
 CITY-ST-ZIP **BALDWIN FL 32234**

TITLE ☐ Change ☐ Addition
 NAME *Address change only*
 STREET ADDRESS *Same 3759 Woodchuck Place*
 CITY-ST-ZIP *Baldwin Fla 32224-32234*

TITLE **VD** ☐ Delete
 NAME **ABRAMSON, FRANK**
 STREET ADDRESS **7146 ALTAMA ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

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

TITLE **STD** ☐ Delete
 NAME **ROYAL, MARTHA**
 STREET ADDRESS **RT 2 BOX 1137 FORD RD**
 CITY-ST-ZIP **BRYCEVILLE FL 32009**

TITLE ☐ Change ☐ Addition
 NAME *Address change only*
 STREET ADDRESS *9828 Ford Rd*
 CITY-ST-ZIP *Bryceville, FLA 32009*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 617, 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:

Martha Royal
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02 904-633-6167
 Date Daytime Phone #

CR2E037 (9/01)