

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 02, 2001 08:00 AM****Secretary of State****DOCUMENT # N40193**

1. Entity Name

FLORIDA FRANCHISE ASSOCIATION, INC.

Principal Place of Business

% PIPER MARBURY RUDNICK & WOLFE LLP  
101 E. KENNEDY BLVD., SUITE 2000  
TAMPA FL  
336025133

Mailing Address

% PIPER MARBURY RUDNICK & WOLFE LLP  
101 E. KENNEDY BLVD., SUITE 2000  
TAMPA FL  
336025133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3032090**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BEYER, DAVID A.  
% RUDNICK A. WOLFE  
101 E. KENNEDY BLVD., SUITE 2000  
TAMPA FL  
33602

7. Name and Address of New Registered Agent

Name

BEYER, DAVID A.

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

% PIPER MARBURY RUDNICK A. WOLFE LLP

101 E. KENNEDY BLVD., SUITE 2000

City

TAMPA

**FL**Zip Code  
33602

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

**02/02/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	JAGHAB RAJA	
STREET ADDRESS	13922 58TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERLYN DONALD	
STREET ADDRESS	6300 N.W. 31ST AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINZE DAVID	
STREET ADDRESS	8000 N FEDERAL HIGHWAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GORDON, KENNETH A.	
STREET ADDRESS	2502 ROCKY POINT DRIVE, SUITE 660	
CITY-ST-ZIP	TAMPA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BEYER, DAVID A.	
STREET ADDRESS	101 E. KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: DAVID A. BEYER**

STD

02/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)