

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90136 002 ****61.25

0013266

DOCUMENT # N92000000340

1. Entity Name

FRANCHISE DIRECTION, INC.

Principal Place of Business

**507 SOUTH 4TH STREET
 JACKSONVILLE FL 32250**

Mailing Address

**507 SOUTH 4TH STREET
 JACKSONVILLE FL 32250**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE BEACH, FL

JACKSONVILLE BEACH, FL

Zip

Country

Zip

Country

4. FEI Number

65-0370051

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

RYAN, LARRY

**507 SOUTH 4TH STREET
 JACKSONVILLE FL 32250**

Name

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

City

JACKSONVILLE BEACH FL

Zip Code

32250

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

Larry Ryan

LARRY RYAN

V. P.

1-11-01

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

TITLE	DVP	<input type="checkbox"/> Delete
NAME	SABBAGH, ANDRE	
STREET ADDRESS	BOX 1017	
CITY-ST-ZIP	LANCASTER PA 17608	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PES, JOHN	
STREET ADDRESS	114 STATE	
CITY-ST-ZIP	PREDRIA IL 61602	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BARGER, LISA	
STREET ADDRESS	1814-C SOUTH TRYON ST.	
CITY-ST-ZIP	CHARLOTTE NC 28203	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYAN, LARRY	
STREET ADDRESS	507 SOUTH 4TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSGO, ALAN	
STREET ADDRESS	32040 UTICA	
CITY-ST-ZIP	FRASER MI 48026	
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)(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:

Larry Ryan
SIGNATURE REQUIRED: RYAN

1-11-01

904-242-0140

Date

Daytime Phone #

CR2E037 (10/00)