

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N96000004388

1. Entity Name

THE BREAKFAST CLUB OF GAINESVILLE, INC.



Principal Place of Business
300 EAST UNIVERSITY AVENUE
STE 100
GAINESVILLE, FL 32601

Mailing Address
P.O. BOX 357121
GAINESVILLE, FL 32635-7121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11222005 REIN-NP

CR2E099 (6/04)

FILED
05 DEC -6 PM 10: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. FEI Number
59-3398610

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLAZER, GLENN
2001 NW 13TH STREET
GAINESVILLE, FL-32609

7. Name and Address of New Registered Agent

Name Victor Hazy

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

P.O. Box 357121 830 NW 13 ST

City Gainesville

FL 32601

Zip Code 32635-7121

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

Victor Hazy

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

(NOTE: Registered Agent signature required when reinstating)

11/28/2005

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME GLAZER, GLENN ☒ Delete
STREET ADDRESS 2001 NW 13TH STREET
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE D
NAME ROBERTS, BARBARA ☒ Delete
STREET ADDRESS 4141 NW 37TH PLACE
CITY-ST-ZIP GAINESVILLE, FL 326066179

TITLE D
NAME HAZY, VICTOR ☒ Delete
STREET ADDRESS 830 NW 13 STREET
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE D
NAME ADDIS, SUE ☒ Delete
STREET ADDRESS 1001 NE 16TH AVE
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME Victor Hazy ☒ Change ☐ Addition
STREET ADDRESS P.O. Box 357121 Gainesville, FL 32635-7121
CITY-ST-ZIP

TITLE VP
NAME Calvin LeClear ☒ Change ☐ Addition
STREET ADDRESS P.O. Box 357121
CITY-ST-ZIP Gainesville, FL 32635-7121

TITLE Secy
NAME Lou Schilling ☒ Change ☐ Addition
STREET ADDRESS P.O. Box 357121
CITY-ST-ZIP Gainesville, FL 32635-7121

TITLE Tres
NAME Amanda Smith ☒ Change ☐ Addition
STREET ADDRESS P.O. Box 357121
CITY-ST-ZIP Gainesville, FL 32635-7121

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300061791513
CITY-ST-ZIP 11/30/05--01039--004 **236.25

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:

Victor Hazy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 05