

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90067 023 ****70.00

DOCUMENT # N96000004388

1. Entity Name

THE BREAKFAST CLUB OF GAINESVILLE, INC.



Principal Place of Business

**3463 N.W. 13TH STREET
GAINESVILLE FL 32609**

Mailing Address

**3463 N.W. 13TH STREET
GAINESVILLE FL 32609**

2. Principal Place of Business

300 East University Avenue

3. Mailing Address

PO Box 357121

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville, FL

Zip

32601

Country

US

Zip

32635-7121

Country

US

4. FEI Number **59-3398610**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JOHNSON, JULIE A
3463 N.W. 13TH STREET
GAINESVILLE FL 32609**

7. Name and Address of New Registered Agent

Name **GLAZER, GLENN**

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

2001 NW 13th ST

City

GAINESVILLE

FL

Zip Code

32609

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

Glenn Glazer

GLENN GLAZER, DIRECTOR

9/9/2003

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

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **GIBSON, TED**
STREET ADDRESS **500 NW 80TH STREET SUITE J**
CITY-ST-ZIP **GAINESVILLE FL 32605-2077**

TITLE **D** ☐ Delete
NAME **ROBERTS, BARBARA**
STREET ADDRESS **4141 NW 37TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32606-6179**

TITLE **D** ☒ Delete
NAME **TUDOR, RICHARD**
STREET ADDRESS **PO BOX 1346**
CITY-ST-ZIP **ALACHUA FL 32616-1346**

TITLE **D** ☒ Delete
NAME **JOHNSON, JULIE A**
STREET ADDRESS **3463 N.W. 13TH STREET**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE **D** ☒ Delete
NAME **DISTEFANO, JOHN**
STREET ADDRESS **2228 NW 40TH TERRACE SUITE C**
CITY-ST-ZIP **GAINESVILLE FL 32606-3591**

TITLE **D** ☒ Delete
NAME **MAREE, LYDIA**
STREET ADDRESS **2441 NW 43RD STREET**
CITY-ST-ZIP **GAINESVILLE FL 32606-7469**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **D** ☐ Change ☒ Addition
NAME **LAWSON, NEIL**
STREET ADDRESS **15239 UNIVERSITY STATION**
CITY-ST-ZIP **GAINESVILLE, FL 32604**

TITLE **D** ☐ Change ☒ Addition
NAME **GREEN, JANA**
STREET ADDRESS **309-F NE 1ST ST**
CITY-ST-ZIP **GAINESVILLE, FL 32609**

TITLE **D** ☐ Change ☒ Addition
NAME **ADDIS, SUE**
STREET ADDRESS **1001 NE 16th AVE**
CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE **D** ☐ Change ☒ Addition
NAME **PRANGE, JOAN**
STREET ADDRESS **5416 NW 8th AVE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

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: *Glenn Glazer*

SIGNATURE REQUIRED

9/9/2003

(352) 378-5301

CR2E037 (4/03)