

**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 13<sup>th</sup> 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GIBSON, TED</b> <b>500 NW 80TH STREET SUITE J</b> <b>GAINESVILLE FL 32605-2077</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBERTS, BARBARA</b> <b>4141 NW 37TH PLACE</b> <b>GAINESVILLE FL 32606-6179</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TUDOR, RICHARD</b> <b>PO BOX 1346</b> <b>ALACHUA FL 32616-1346</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, JULIE A</b> <b>3463 N.W. 13TH STREET</b> <b>GAINESVILLE FL 32609</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DISTEFANO, JOHN</b> <b>2228 NW 40TH TERRACE SUITE C</b> <b>GAINESVILLE FL 32606-3591</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAREE, LYDIA</b> <b>2441 NW 43RD STREET</b> <b>GAINESVILLE FL 32606-7469</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GLAZER, GLENN</b> <b>2001 NW 13TH ST</b> <b>GAINESVILLE, FL 32609</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAWSON, NEIL</b> <b>15239 UNIVERSITY STATION</b> <b>GAINESVILLE, FL 32604</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GREEN, JANA</b> <b>309-F NE 1ST ST</b> <b>GAINESVILLE, FL 32609</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ADDIS, SUE</b> <b>1001 NE 16TH AVE</b> <b>GAINESVILLE, FL 32601</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PRANGE, JOAN</b> <b>5416 NW 8TH AVE</b> <b>GAINESVILLE, FL 32608</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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* **REQUIRED** 9/9/2003 (352) 378-5301  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (4/03)