2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 18, 2001 8:00 am
Secretary of State
04-24-2001 90283 018 ***150.00

DOCUMENT # P00000030921

1. Entity Name
OBEE'S FRANCHISE SYSTEMS, INC.

Principal Place of Business	Mailing Address
1931 TAMIAMI TRAIL PORT CHARLOTTE FL 33948	1931 TAMIAMI TRAIL PORT CHARLOTTE FL 33948

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
949 Tamiami Trail	949 Tamiami Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte, FL.	City & State: Port Charlotte, FL.
Zip: 33953 Country: Charlotte	Zip: 33953 Country: Charlotte

4. FEI Number: 65-0995037 ☐ 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
PATRICK, JAMES E 26201 RAMPART BLVD. PUNTA GORDA FL 33983	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAMES PATRICK 26201 RAMPART BLVD. PUNTA GORDA, FL 33983 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOSEPH HOBBS 5426 GUIDEPOST TERRACE PORT CHARLOTTE, FL 33981 ☐ Change ☐ Addition
TITLE V.P NAME STREET ADDRESS CITY-ST-ZIP	THERON V. KEARNEY 2132 CHARLOTTE AMALIE CT. PUNTA GORDA FL 33951 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MARY PATRICK 26201 RAMPART BLVD. PUNTA GORDA, FL 33983 ☐ Change ☐ Addition
TITLE SEC NAME STREET ADDRESS CITY-ST-ZIP	NANCY KIRTS 17425 WACO AVE PORT CHARLOTTE, FL 33948 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V.P NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DAVID DUBENDORF 1304 CORKTREE CIRCLE PORT CHARLOTTE, FL 33952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DIR NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CALUIN CHOY 7165-35 KOLA TERRACE FT MYERS, FL 33907 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DIR NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TIMOTHY MCGIVERN 23331 DUCHESS AVE PORT CHARLOTTE, FL 33954 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Patrick pres. 4-18-2001 (941) 625-0773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
James Patrick