

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90360 031 ***150.00

DOCUMENT # P00000030921

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

Principal Place of Business

**949 TAMiami TRAIL
 PORT CHARLOTTE FL 33953**

Mailing Address

**949 TAMiami TRAIL
 PORT CHARLOTTE FL 33953**

2. Principal Place of Business

**1777 Tamiami Trail
 Suite, Apt. #, etc.
 Ste. 206**

3. Mailing Address

**1777 Tamiami Trail
 Suite, Apt. #, etc.
 Ste. 206**

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

Country

33948

Zip

Country

33948

DO NOT WRITE IN THIS SPACE

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

PATRICK, JAMES E

~~**26201 RAMPART BLVD.**~~

~~**PUNTA GORDA FL 33983**~~

7. Name and Address of New Registered Agent

Name **Patrick, James E.A.**

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

15508 Rushton Cir.

City

Port Charlotte

FL

Zip Code

33981

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

4-12-2

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, 2002 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

TITLE **P** ☐ Delete
 NAME **PATRICK, JAMES**
 STREET ADDRESS ~~**26201 RAMPART CIRCLE**~~ **15508 Rushton Circle**
 CITY-ST-ZIP ~~**PUNTA GORDA FL 33983**~~ **Port Charlotte, FL 33981**

TITLE **VP** ☐ Delete
 NAME **KEARNEY, THERON V**
 STREET ADDRESS **2132 CHARLOTTE AMALIE CT**
 CITY-ST-ZIP **PUNTA GORDA FL 33951**

TITLE **D** ☐ Delete
 NAME **CHOY, CALVIN**
 STREET ADDRESS **7165-35 KOLA TERRACE**
 CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **D** ☐ Delete
 NAME **MOGIVERN, TIMOTHY**
 STREET ADDRESS **23331 DUCHESS AVENUE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE **D** ☐ Delete
 NAME **HOBBS, JOSEPH**
 STREET ADDRESS **5426 GUIDEPOST TERRACE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE **S** ☐ Delete
 NAME **KIRTS, NANCY**
 STREET ADDRESS **17425 WAGO AVENUE** **10106 Owl Head Circle**
 CITY-ST-ZIP ~~**PORT CHARLOTTE FL 33948**~~ **33981**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T** ☐ Change ☒ Addition
 NAME **Mary Patrick**
 STREET ADDRESS **15508 Rushton Circle**
 CITY-ST-ZIP **Port Charlotte, FL 33981**

TITLE **D** ☐ Change ☐ Addition
 NAME **David Dubendorf**
 STREET ADDRESS **3106 Sheboygan**
 CITY-ST-ZIP **North Port, FL 34286**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

Date

Daytime Phone #

CR2E034 (9/01)