

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052474

1. Entity Name

GOODFELLAS PIZZA, INC.

Principal Place of Business

777-9 CAPITAL CIRCLE SOUTHWEST
TALLAHASSEE FL 32310

Mailing Address

777-9 CAPITAL CIRCLE SOUTHWEST
TALLAHASSEE FL 32310

2. Principal Place of Business

(Same as above)

3. Mailing Address

(Same as above)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2548032

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITFIELD, KAREN V
2218 N INDIANHEAD DR
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

ANNA RASMUSSEN

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

5065 Woodmire Ct.

City

Tallahassee, FL 32303

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

ANNA RASMUSSEN, Secretary

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

(NOTE: Registered Agent signature required when reinstating)

1/4/01

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P	SILVER, HOWARD	7535 W TENNESSEE, LOT 317	TALLAHASSEE FL 32301	
V	RASMUSSEN, DEREK	2908-5 STALLION AVE	TALLAHASSEE FL 32310	<input type="checkbox"/> Delete
S	RASMUSSEN, ANNA	2098-5 STALLION AVE	TALLAHASSEE FL 32310	<input type="checkbox"/> Delete
T	SILVER, CARRIE	777-9 CAPITAL CIRCLE SOUTHWEST	TALLAHASSEE FL 32310	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	6252 Lake Bradford Rd	Tallahassee, FL 32301		
	PRESIDENT (DEREK RASMUSSEN)	5065 Woodmire Ct.	Tallahassee, FL 32203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	SECRETARY (ANNA RASMUSSEN)	5065 Woodmire Ct.	Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	VICE-PRES (CARRIE SILVER)	6252 Lake Bradford Rd	Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

ANNA RASMUSSEN, SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/01

Daytime Phone #

(850) 926-8600

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****150.00 ****150.00

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