

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091841

1. Entity Name

CORDA ROY'S ORIGINALS OF GAINESVILLE, INC.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90025 032 ***150.00

Principal Place of Business

4001 NEWBERRY ROAD #D-4
GAINESVILLE FL 32607

Mailing Address

4001 NEWBERRY ROAD #D-4
GAINESVILLE FL 32607

2. Principal Place of Business

210 NW 10TH AVE

3. Mailing Address

210 NW 10TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

Zip

32601

Country

USA

Zip

32601

Country

4. FEI Number

59-3672948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALTER, JAMES D
703 NE FIRST STREET
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

JOHN A. GASSER

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

210 NW 10TH AVE

City

GAINESVILLE

FL

Zip Code

32601

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

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

JOHN A GASSER

SECRETARY

5/1/01

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
BYRON YOUNG
3709 NW 21 ST DRIVE
GAINESVILLE, FL 32605

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
JOHN A GASSER
9310 SW 46 TH PLACE
GAINESVILLE, FL 32601

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

John A Gasser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/01 352 371-2247

CR2E034 (10/00)