

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90372 026 \*\*\*150.00

DOCUMENT # P02000071384

1. Entity Name

BIG OLAF CREAMERY, INC.



Principal Place of Business

1021 HONORE AVE  
SARASOTA FL 34232

Mailing Address

1021 HONORE AVE  
SARASOTA FL 34232

10015060



2. Principal Place of Business

1267 South Beneva

3. Mailing Address

P.O. Box 7093

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

34232

Country

U.S.A.

Zip

34238

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAMBRIGHT, WAYNE  
1021 HONORE AVE  
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name

Homer Lambright

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

3471 Bahia Vista Street

Unit 20

City

Sarasota

FL

Zip Code

34239

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

*Homer Lambright*

Homer Lambright - Director

1-18-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	Wayne Lambright	
STREET ADDRESS	1021 Honore Ave	
CITY-ST-ZIP	Sarasota FL 34232	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Parrish Danesh	
STREET ADDRESS	8856 Cypress Preserve Place	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Kathryn T. Danesh	
STREET ADDRESS	8856 Cypress Preserve Place	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Homer Lambright	
STREET ADDRESS	3471 Bahia Vista Street	
CITY-ST-ZIP	Sarasota FL 34239	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Fannie Lambright	
STREET ADDRESS	3471 Bahia Vista Street	
CITY-ST-ZIP	Sarasota FL 34239	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Joe Wengert	
STREET ADDRESS	5440 Potter Street	
CITY-ST-ZIP	Sarasota FL 34232	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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

*Homer Lambright*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-03

Date

941-955-4320

Daytime Phone #

CR2E034 (10/02)