

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**  
 05-05-2000 90076 025 \*\*\*150.00

**DOCUMENT # P92000014058**

1. Entity Name  
**SUBWAY OF ELLISVILLE, INCORPORATED**

Principal Place of Business Mailing Address  
 3 BOX 173-E 3131 NW 13TH ST.  
 CITY FL 32024 STE. 5  
 GAINESVILLE FL 32609-2177  
 US

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. 1830 SW 44th Ave  
 Suite, Apt. #, etc.

City & State Gainesville, FL  
 Zip 32609-4062 Country USA

4. FEI Number 59-3153767 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LESTOCK, JAMES J  
 ROUTE 3 BOX 173-E  
 ELLISVILLE FL 32024

7. Name and Address of New Registered Agent  
 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. ☐ **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2000 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                      | STD                       | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | HARTWELL, LONALD          |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 1830 SW 44TH AVE.         |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | GAINESVILLE FL 32608-4022 |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | VD                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | HARTWELL, DAVID M         |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 25722 SW 18TH AVE.        |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | GAINESVILLE FL 32609      |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | PD                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | HARTWELL, CHRISTOPHER A   |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 9525 SW 75TH ST.          |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | GAINESVILLE FL 32608      |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                           |                                 | 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: *Lonald D. Hartwell* (Lonald D. Hartwell) 4/26/00 (352) 395-6632  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)