## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attach

SIGNATURE:

nant with an address, with all other like empowered.

## May 03, 2001 8:00 am DOCUMENT # **P92000014058** Secretary of State SUBWAY OF ELLISVILLE, INCORPORATED 05-03-2001 90002 010 \*\*\*150.00 Principal Place of Business Mailing Address ROUTE 3 BOX 173-E 1830 SW 44TH AVE LAKE CITY FL 32024 GAINESVILLE FL 32608-4062 2. Principal Place of Business 3. Mailing Address R+2 Box 60 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3153767 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARTWELD LESTOCK, JAMES J et Address (P.O. Box Number is Not Acceptable 830 SW 4446 P **ROUTE 3 BOX 173-E ELLISVILLE FL 32024** 8. The above named er (ity) submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Addition NAME NAME HARTWELL, LONALD STREET ADDRESS STREET ADDRESS 1830 SW 44TH AVE. CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32608-4022 TITLE ☐ Delete TITLE ☐ Change ☐ Addition W NAME NAME HARTWELL, DAVID M STREET ADDRESS STREET ADDRESS 25722 SW 18TH AVE. CITY-ST-ZIP CITY-ST-ZIP **GAINSVILLE FL 32669** TITLE ☐ Delete ☐ Change Addition NAME NAME HARTWELL, CHRISTOPHER A STREET ADDRESS STREET ADDRESS 9525 SW 75TH ST. CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32608 TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ 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