

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000023206

1. Entity Name

Godfather's Pizza House, Inc.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90010 012 ***150.00

A0032600

DO NOT WRITE IN THIS SPACE

Principal Place of Business 439 South Highway 41 Inverness, FL 34450	Mailing Address 439 South Highway 41 Inverness, FL 34450
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3177491

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

Grimaudo, Joseph D.
514 Nola Street
Inverness, FL 34452

7. Name and Address of New Registered Agent

Name

David H. Clark

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

439 South Highway 41

City

Inverness

FL

Zip Code

34450

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)

3/5/01
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	D	<input checked="" type="checkbox"/> Delete
NAME	Grimaudo, Joseph D.	
STREET ADDRESS	439 South Highway 41	
CITY-ST-ZIP	Inverness, FL 34450	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Grimaudo, Carmela L.	
STREET ADDRESS	439 South Highway 41	
CITY-ST-ZIP	Inverness, FL 34450	

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clark, David H.	
STREET ADDRESS	439 South Highway 41	
CITY-ST-ZIP	Inverness, FL 34450	

TITLE	Sec, Tres, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clark, Patricia A.	
STREET ADDRESS	439 South Highway 41	
CITY-ST-ZIP	Inverness, FL 34450	

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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

As president

3/5/01

Date

Daytime Phone #

CR2E034 (11/00)