

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90095 013 ***150.00

DOCUMENT # P93000073573

1. Entity Name

The White Apron Catering, Inc.



DO NOT WRITE IN THIS SPACE

70025288

2. Principal Place of Business

2201 NE 2 Street

3. Mailing Address

2201 NE 2 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Gainesville Florida

City & State

Gainesville Florida

4. FEI Number

59-3214784

Applied For

Not Applicable

Zip

32609

Country

U.S.A

Zip

32609

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Julia Gollner

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

1800 NW 24 Street

City

Gainesville

FL

Zip Code

32605

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P
NAME Julia Gollner
STREET ADDRESS 1800 NW 24 Street
CITY-ST-ZIP Gainesville Florida 32605

TITLE V
NAME Paul Gollner
STREET ADDRESS 1800 NW 24 Street
CITY-ST-ZIP Gainesville Florida 32605

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Julia Gollner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-03

Date

352-376-8467

Daytime Phone #

CR2E034B (12/02)