

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91598 018 ***550.00

DOCUMENT # P93000082382

1. Entity Name

PAPA JOE'S OF WINTER PARK, INC.

Principal Place of Business

**1344 WEST COLONIAL DRIVE
 ORLANDO FL 32804**

Mailing Address

**455 SAXON BLVD
 DELTONA FL 32725
 US**

2. Principal Place of Business

501 N. ORLANDO

3. Mailing Address

111 N. LONGWOOD ST.

Suite, Apt. #, etc.

SUITE 145

Suite, Apt. #, etc.

SUITE 125

City & State

WINTER PARK, FL.

City & State

LONGWOOD, FL.

Zip

32789

Country

ORANGE

Zip

32750

Country

SEMINOLE

4. FEI Number

59-3209778

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIMALDI, RICHARD
 1412 SHADWELL CIR
 HEATHROW FL 32746**

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. (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **GRIMALDI, RICHARD**
 STREET ADDRESS **1412 SHADWELL CIR.**
 CITY-ST-ZIP **HEATHROW FL 32746**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **GIAMBRONE, GINSEPPE**
 STREET ADDRESS **455 SAXON BLVD.**
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE **VP** ☒ Change ☐ Addition
 NAME **GIAMBRONE GIUSEPPE**
 STREET ADDRESS **382 WINSFORD CT.**
 CITY-ST-ZIP **HEATHROW, FL. 32746**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Giuseppe Giambrone
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/01 (407) 221-3550

Date

Daytime Phone #

CR2E034 (10/00)