

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 26, 2001 8:00 am**
Secretary of State

03-26-2001 90023 011 ***150.00

DOCUMENT # P95000004016

1. Entity Name

GAIL'S PRETZELS, INC.

Principal Place of Business

**6351 NEWBERRY RD (OAKS MALL)
GAINESVILLE FL 32605**

Mailing Address

**%MOODY & SALZMAN. PA
P O DRAWER 2759
GAINESVILLE FL 32602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3293895**

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

**SALZMAN, ANTHONY J
MOODY, SALZMAN & ROBERTSON
500 E. UNIVERSITY AVENUE, SUITE A
GAINESVILLE FL 32602-2759**

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	PD	<input type="checkbox"/> Delete
NAME	YOUNG, JAMES R	
STREET ADDRESS	2502 BROOKSBORO DR	
CITY-ST-ZIP	ERIE PA 16510	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG JAMES R	
STREET ADDRESS	10513 NW 14TH LANE	
CITY-ST-ZIP	GAINESVILLE FL 32606	

TITLE	STD	<input type="checkbox"/> Delete
NAME	YOUNG, PHYLLIS E	
STREET ADDRESS	2502 BROOKSBORO DR	
CITY-ST-ZIP	ERIE PA 16510	

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG PHYLLIS E	
STREET ADDRESS	10513 NW 14TH LANE	
CITY-ST-ZIP	GAINESVILLE FL 32606	

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

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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: James R. Young JAMES R. YOUNG 3-22-01 (352)331-0064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)