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## 2002 Uniform Business Report (UBR)

## Mar 28, 2002 8:00 am Secretary of State P95000061317 DOCUMENT # 1. Entity Name 03-28-2002 90134 005 \*\*\*150 00 SUBWAY OF SOUTH LAKE CITY, INCORPORATED Principal Place of Business Mailing Address ROUTE 10. BOX 388-6 1830 SW 44TH AVE GAINESVILLE FL 32608 LAKE CITY FL-32025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3330533 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARTWELL, LONALD D Street Address (P.O. Box Number is Not Acceptable) 1830 SW 44TH AVE GAINESVILLE FL 32608-4062 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE STD ☐ Delete TITLE ☐ Change CR2E034 (9/01 NAME HARTWELL, LONALD D NAME STREET ADDRESS STREET ADDRESS 1830 SW 44 AVE CITY-ST-ZIP CITY-ST-ZIP gainesville fl 32608-4062 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME HARTWELL, DAVID M STREET ADDRESS STREET ADDRESS 25722 SW 18 AVE CITY-ST-ZIP CITY-ST-ZIP NEWBERRY FL 32669 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME HARTWELL, CHRISTOPHE A STREET ADDRESS STREET ADDRESS 9525 SW 75TH ST CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32608** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE 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 changed, or on an attach