

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000023801

1. Entity Name

ORLANDO BAGEL FACTORY - APOPKA, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90098 016 ***150.00

Principal Place of Business

Mailing Address

2432 E SEMORAN BLVD
 APOPKA FL 32703
 US

POST OFFICE BOX 15110
 DAYTONA BEACH FL 32115-5110

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

59-3367076

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

ROST, SCOTT R
 228 PARK AVE N
 SUITE N
 WINTER HAVEN FL 32789

Name

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

836 N. Highland Ave.

City

Orlando

FL

Zip Code
 32803

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

Scott R. Rost

4/26/00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	EDWARDS, HOWARD KEAY	
STREET ADDRESS	2827 BALLARD AVENUE	
CITY-ST-ZIP	ORLANDO FL 32833-4037	
TITLE	PVP	<input type="checkbox"/> Delete
NAME	EDWARDS, HOWARD K	
STREET ADDRESS	2827 BALLARD AVE	
CITY-ST-ZIP	ORLANDO FL 32833-4037	
TITLE	ST	<input type="checkbox"/> Delete
NAME	EDWARDS, CAROL A	
STREET ADDRESS	2427 BALLARD AVE	
CITY-ST-ZIP	ORLANDO FL 32833-4037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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"/> Change <input type="checkbox"/> Addition
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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:

Howard Keay Edwards
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)