

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058004

1. Entity Name
SUBWAY OF CRESTVIEW I, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90187 006 ***150.00

Principal Place of Business

Mailing Address

3059 GULF BREEZE PKWY
GULF BREEZE FL 32561
US

3059 GULF BREEZE PKWY
GULF BREEZE FL 32561-3245
US

2. Principal Place of Business

3073 GULF BREEZE PKWY
Suite, Apt. #, etc.

3. Mailing Address

3073 GULF BREEZE PKWY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
GULF BREEZE, FL
Zip
32561

Country
SANTA ROSA

City & State
GULF BREEZE, FL
Zip
32561

Country
SANTA ROSA

4. FEI Number
59-3387168

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, G. THOMAS
510 EAST ZARAGOZA STREET
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name
SUBWAY Development
Street Address (P.O. Box Number is Not Acceptable)
3073 Gulf Breeze Pkwy
City
Gulf Breeze FL Zip Code
32561

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)

850-932-3364

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BOULTON, R. SCOTT	
STREET ADDRESS	3059 GULF BREEZE PKWY	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1920 BEECHWOOD DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

850-932-3364

Daytime Phone #

CR2E034 (9/99)