

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013432

1. Entity Name

HAIRCRAFTERS OF BUSHNELL, INC.

Principal Place of Business

Mailing Address

SO. SUMTER PLAZA  
980 NORTH MAIN  
BUSHNELL FL 33513  
US

7201 METRO BLVD.  
MINNEAPOLIS MN 55439-2103  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 11-3366239

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

GREAT EXPECTATIONS PRECISION HAIRCUTTERS O  
F UNIVERSITY MALL, INC.  
7171 N. DAVIS HIGHWAY  
PENSACOLA FL 32504

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  
NAME FINKELSTEIN, PAUL  
STREET ADDRESS 7201 METRO BLVD.  
CITY-ST-ZIP MINNEAPOLIS MN 55439 ☐ Delete

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

TITLE VSD  
NAME GROSS, BERT  
STREET ADDRESS 7201 METRO BLVD.  
CITY-ST-ZIP MINNEAPOLIS MN 55439 ☐ Delete

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

TITLE T  
NAME KOLATKAR, SHRINIVAS  
STREET ADDRESS 7201 METRO BLVD.  
CITY-ST-ZIP MINNEAPOLIS MN 55439 ☐ Delete

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

TITLE  
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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

BERT GROSS

4-20-01

952-947-7777

Date

Daytime Phone #

FILED  
May 17, 2001 8:00 am  
Secretary of State

05-17-2001 90391 003 \*\*\*150.00

BD056648



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)