

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018719

1. Entity Name
NICORE FRANCHISE, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90097 001 ***300.00

Principal Place of Business

Mailing Address

2302 WEST SWAN
TAMPA FL 33609

2302 WEST SWAN
TAMPA FL 33634-1318

2. Principal Place of Business

3. Mailing Address

4897 W. WATERS AVE

4897 W. WATERS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite J

Suite J

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33634

Country
USA

Zip
33634

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3500279

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

ROWE, JAMES C
100 2ND AVENUE SOUTH
SUITE 400N
ST PETERSBURG FL 33701

Name LA BARBERA, GIGI
Street Address (P.O. Box Number is Not Acceptable)

4897 W. WATERS AVE, Suite J
City TAMPA FL Zip Code 33634

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 *Gigi La Barbera* (Gigi La Barbera) SECRETARY/TREASURER 4/4/00
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 PD ☐ Delete
NAME HARBOUR, ROBERT M
STREET ADDRESS 2302 WEST SWAN AVE
CITY-ST-ZIP TAMPA FL 33609

TITLE PD ☐ Change ☒ Addition
NAME SPANGLER, JOHN F.
STREET ADDRESS 4897 W. WATERS AVE. #J
CITY-ST-ZIP TAMPA, FL 33634

TITLE ST ☐ Delete
NAME LABARBERA, GIGI
STREET ADDRESS 2302 WEST SWAN AVE
CITY-ST-ZIP TAMPA FL 33609

TITLE DST ☒ Change ☐ Addition
NAME LABARBERA, GIGI
STREET ADDRESS 4897 W. WATERS AVE. #J
CITY-ST-ZIP TAMPA, FL 33634

TITLE D ☐ Delete
NAME SMITH, TREVOR
STREET ADDRESS 2302 WEST SWAN AVE
CITY-ST-ZIP TAMPA FL 33609

TITLE D ☒ Change ☐ Addition
NAME SMITH, TREVOR G.
STREET ADDRESS 4897 W. WATERS AVE. #J
CITY-ST-ZIP TAMPA, FL 33634

TITLE D ☐ Delete
NAME HOOD, STEPHEN R
STREET ADDRESS 2302 WEST SWAN AVE
CITY-ST-ZIP TAMPA FL 33609

TITLE D ☒ Change ☐ Addition
NAME HOOD, STEPHEN R.
STREET ADDRESS 4897 W. WATERS AVE. #J
CITY-ST-ZIP TAMPA, FL 33634

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME HARBOUR, ROBERT M.
STREET ADDRESS 4897 W. WATERS AVE. #J
CITY-ST-ZIP TAMPA, FL 33634

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Gigi La Barbera* 4/4/00 813 901 0019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)