

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049571

1. Entity Name

CORRY FIELD SUBWAY, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90306 017 \*\*\*150.00

Principal Place of Business

5600 HWY 98 W  
PENSACOLA FL 32511

Mailing Address

3073 GULF BREEZE PKY  
GULF BREEZE FL 32561-3245

2. Principal Place of Business

3. Mailing Address

1299 POINT EAST CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
GULF BREEZE, FL

4. FEI Number 59-3559885

Applied For  
Not Applicable

Zip

Country

Zip  
32561

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

WHIBBS, VINCENT J JR.  
421 NORTH PALAFOX STREET  
PENSACOLA FL 32501

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 \_\_\_\_\_ (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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
P	YATES, GREGORY	1299 PT E CIR	GULF BREEZE FL 32561	<input type="checkbox"/> Delete	P/D		1299 POINT EAST CIRCLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST	BOULTON, BRENDA	373 GULF BREEZE PKY	GULF BREEZE FL 32561	<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP	PIOCICA, LARRY	5671 VESTAVIA LN	PENSACOLA FL 32526	<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

4/20/00 850-932-4654