

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-08-2000 90164 027 ***150.00

DOCUMENT # P98000093505

1. Entity Name

FALAFELBURGER, INC.

R

Principal Place of Business

ONE SE FIRST AVE.
GAINESVILLE FL 32601

Mailing Address

ONE SE FIRST AVE.
GAINESVILLE FL 32601-6240

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

APPLIED FOR

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

DOLLINGER, JEFF
ONE SE FIRST AVE.
GAINESVILLE FL 32601

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, 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 ☐ Delete
NAME D
STREET ADDRESS FARAH, NICK JR.
CITY-ST-ZIP 1120 W. UNIVERSITY AVE.
GAINESVILLE FL 32601

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DOLLINGER, JEFF
CITY-ST-ZIP ONE SE FIRST AVE.
GAINESVILLE FL 32601

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
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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:

SIGNATURE REQUIRED

JEFF DOLLINGER, ESQ.

4-27-00

352-376-5242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

DOC#P98000093505

104876

Form **SS-4**
(Rev. April 1991)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

EIN 59-3651156

OMB No. 1545-0003
Expires 4-30-94

Please type or print clearly.	1 Name of applicant (True legal name) (See instructions.) FALAFELBURGER, INC.		
	2 Trade name of business, if different from name in line 1		3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 1 Southeast 1st Avenue		5a Address of business (See instructions.)
	4b City, state, and ZIP code Gainesville, FL 32601		5b City, state, and ZIP code
	6 County and state where principal business is located Alachua County, Florida		
7 Name of principal officer, grantor, or general partner (See instructions.) ▶ Jeffrey R. Dollinger, Director			
8a Type of entity (Check only one box.) (See instructions.)			
<input type="checkbox"/> Individual SSN <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> REMIC <input type="checkbox"/> Plan administrator SSN <input type="checkbox"/> Partnership <input type="checkbox"/> State/local government <input type="checkbox"/> Personal service corp. <input checked="" type="checkbox"/> Other corporation (specify) for profit <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Other nonprofit organization (specify) _____ If nonprofit organization enter GEN (if applicable) _____ <input type="checkbox"/> Other (specify) ▶ _____			
8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶			
Foreign country		State Florida	
9 Reason for applying (Check only one box.)			
<input checked="" type="checkbox"/> Started new business <input type="checkbox"/> Changed type of organization (specify) ▶ _____ <input type="checkbox"/> Hired employees <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____			
10 Date business started or acquired (Mo., day, year) (See instructions.) 6/1/2000		11 Enter closing month of accounting year. (See instructions.) 12/31	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ N/A			
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."		Nonagricultural 0	Agricultural 0
14 Principal activity (See instructions.) ▶ food processing operation		Household 0	
15 Is the principal business activity manufacturing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," principal product and raw material used ▶ garbanzo beans, fresh vegetables			
16 To whom are most of the products or services sold? Please check the appropriate box. <input checked="" type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ _____			
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.			
True name ▶		Trade name ▶	
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.			
Approximate date when filed (Mo., day, year)		City and state where filed	
		Previous EIN	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (Please type or print clearly.) ▶ Jeffrey R. Dollinger, Director		Telephone number (include area code) 352-376-5242	
Signature ▶		Date ▶ 6/13/2000	
Note: Do not write below this line. For official use only.			
Please leave blank ▶	Geo.	Ind.	Class
			Size
Reason for applying			