

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
May 30, 2000 8:00 am
Secretary of State

05-05-2000 90078 038 ***150.00

DOCUMENT # P99000089748

1. Entity Name

GUMBY'S OF MANHATTAN, INC.

Principal Place of Business

**5217 SOUTHWEST 91ST DRIVE
 GAINESVILLE FL 32608**

Mailing Address

**5217 SOUTHWEST 91ST DRIVE
 GAINESVILLE FL 32608-3031**

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

59-3605006

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

**HAYTER, JOHN F
 704 NORTHEAST 1ST STREET
 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 NAME STREET ADDRESS CITY-ST-ZIP | D HIPPLER, CHANCELLOR 5217 SOUTHWEST 91ST DRIVE GAINESVILLE FL 32608 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D O'BRIEN, JEFF 5217 SOUTHWEST 91ST DRIVE GAINESVILLE FL 32608 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAJEWSKI, DOUG 5217 SOUTHWEST 91ST DRIVE GAINESVILLE FL 32608 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <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 filers empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-30-00

Date

Daytime Phone #

CR2E034 (9/99)