

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90111 043 ***150.00

DOCUMENT # S57253

1. Entity Name
GUMBY'S OF MADISON, INC.



Principal Place of Business
**5217 SW 91ST RD
GAINESVILLE FL 32608**

Mailing Address
**5217 SW 91ST RD
GAINESVILLE FL 32608**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

7731 W. Newberry Rd.

3. Mailing Address

7731 W. Newberry Rd.

Suite, Apt. #, etc.

Suite A-3

Suite, Apt. #, etc.

Suite A-3

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32606

Country

US

Zip

32606

Country

US

4. FEI Number

59-3070613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHN F HAYTER ATTORNEY AT LAW, P.A.
704 NE 1ST ST
GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/2003

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HIPPLER, CHANCELLOR	
STREET ADDRESS	901 NW 8TH AVE B-5	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	O'BRIEN, JEFF	
STREET ADDRESS	901 NW 8TH AVE B-5	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PEEK, DAVID H.	
STREET ADDRESS	901 NW 8TH AVE B-5	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2003 (352) 332-4141

Date

Daytime Phone #

CR2E034 (10/02)