

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-23-2003 90111 040 ***150.00

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DOCUMENT # **S62835**

1. Entity Name
GUMBY'S OF STATE COLLEGE, INC.



Principal Place of Business

5217 SW 91ST DR
GAINESVILLE FL 32608
US

Mailing Address

5217 SW 91ST DR
GAINESVILLE FL 32608
US

2. Principal Place of Business

7731 W. Newberry Rd.
Suite, Apt. #, etc.
Suite A-3
City & State
Gainesville, FL

3. Mailing Address

7731 W. Newberry Rd.
Suite, Apt. #, etc.
Suite A-3
City & State
Gainesville, FL

Zip
32606 Country
US

Zip
32606 Country
US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3077983**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HAYTER, JOHN F
704 NORTHEAST FIRST STREET
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

(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

TITLE **PD** ☐ Delete
NAME **HIPPLER, CHANCELLOR**
STREET ADDRESS **4306 SW 94 DR**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **VSD** ☐ Delete
NAME **O'BRIEN, JEFF**
STREET ADDRESS **901 NW 8TH AVE B-5**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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)