

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91828 033 ***150.00

DOCUMENT # S83541

1. Entity Name
GUMBY'S PIZZA INTERNATIONAL, INC.



Principal Place of Business

**5217 S W 91ST DR
SUITE B-5
GAINESVILLE FL 32608
US**

Mailing Address

**5217 S W 91ST DR
SUITE B-5
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**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3094814

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 NE 1ST 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/2003

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 **901 NW 8 AVE, STE B 5**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VSD** ☐ Delete
NAME **O'BRIEN, JEFF**
STREET ADDRESS **901 NW 8 AVE, STE 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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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, typed or printed name of signing officer or director)

Date

Daytime Phone #

4/25/2003

CR2E034 (10/02)