

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V52031

1. Entity Name

GUMBY'S OF LAWRENCE, INC.

Principal Place of Business

5217 SW 91ST DR.  
GAINESVILLE FL 32608

Mailing Address

5217 SW 91ST DR.  
GAINESVILLE FL 32608

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PEEK, DAVID H.  
1609 GULF LIFE TOWER  
JACKSONVILLE FL 32207

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.

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, 2001 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

TITLE PD  
NAME HIPPLER, CHANCE  
STREET ADDRESS 901 NW 8TH AVE SUITE B-5  
CITY-ST-ZIP GAINESVILLE FL

☐ Delete

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

☐ Delete

TITLE AS  
NAME PEEK, DAVID H  
STREET ADDRESS 1609 GULF LIFE TOWER  
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90364 021 \*\*\*150.00

00000152



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3132379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

CR2E034 (10/00)

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