

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000073640**

1. Entity Name  
**Kool Beans, Inc.**

Principal Place of Business  
**7 Rosa L. Jones Drive  
Cocoa, FL 32922**

Mailing Address  
**720 Jacaranda Street  
Merritt Island, FL 32952**

2. Principal Place of Business  
**7 Rosa L. Jones Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**720 Jacaranda Street**  
Suite, Apt. #, etc.

City & State  
**Cocoa, FL**  
Zip  
**32922**  
Country  
**USA**

City & State  
**Merritt Island, FL**  
Zip  
**32952**  
Country  
**USA**

4. FEI Number  
**59-340067**  
Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**Jennifer E. Goldacker  
720 Jacaranda Street  
Merritt Island, FL 32952**

## 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 **Jennifer E. Goldacker**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/20/01**  
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 **President/Treasurer** ☐ Delete  
NAME **Jennifer E. Goldacker**  
STREET ADDRESS **720 Jacaranda Street**  
CITY-ST-ZIP **Merritt Island, FL 32952**

TITLE **Vice President/Secretary** ☐ Delete  
NAME **John J. Goldacker, Jr.**  
STREET ADDRESS **720 Jacaranda Street**  
CITY-ST-ZIP **Merritt Island, FL 32952**

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME **400004534334-6**  
STREET ADDRESS **-08/14/01--01070--012**  
CITY-ST-ZIP **\*\*\*\*300.00 \*\*\*\*300.00**

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

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

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

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

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: **Jennifer E. Goldacker**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/20/01**  
Date

**321-984-3671**  
Daytime Phone #

CR2E034 (11/00)

FILED  
01 JUL 26 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2000-01 UBR **Jm**