

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000008393

Entity Name: CUPS CO-OP III, INC.**Current Principal Place of Business:**111 1ST STREET N.
DUNDEE, FL 33838**Current Mailing Address:**P.O. BOX 1739
DUNDEE, FL 33838-1739 US**FEI Number:** 87-1648665**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHAAL, JENNIFER
111 1ST STREET N.
DUNDEE, FL 33838 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CHAIRMAN, DIRECTOR
Name W. LINDSAY RALEY. JR.
Address 111 1ST STREET N.
City-State-Zip: DUNDEE FL 33838

Title VP, CEO
Name CALLAHAM, STEVEN B
Address 111 1ST STREET N.
City-State-Zip: DUNDEE FL 33838

Title TREASURER, SECRETARY
Name SCHAAL, JENNIFER
Address 111 1ST STREET N
City-State-Zip: DUNDEE FL 33838

Title DIRECTOR, VP
Name PINES, EDUARDO
Address 371 SHORES DR
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR
Name GISBERT, ANTONIO
Address 170 OCEAN LANE DRIVE #406
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR
Name LYKES, HT TYSON II
Address 4005 CALLE DELFIN COURT
City-State-Zip: TAMPA FL 33611

Title DIRECTOR
Name PARDO, RODRIGO
Address 336 MALLARD ROAD
City-State-Zip: WESTON FL 33327

Title DIRECTOR
Name LYKES, CHARLIE
Address 3221 W LAWN AVE
City-State-Zip: TAMPA FL 33611

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER SCHAAL**TREASURER****02/13/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DUNCAN, HAL
Address	PO BOX 1960
City-State-Zip:	TAMPA FL 33601