

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 376401

1. Entity Name

GOLD CUP COFFEE SERVICE, INC.

Principal Place of Business

10320 LAKE CARROLL WAY
TAMPA FL 33618

Mailing Address

10320 LAKE CARROLL WAY
TAMPA FL 33618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1323267

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BURTON, ELIZABETH L
10320 LAKE CARROLL WAY
TAMPA FL 33618

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	POCE	<input type="checkbox"/> Delete
NAME	BURTON, WILLIAM J JR.	
STREET ADDRESS	3310 MCFARLAND RD	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BURTON, ELIZABETH L	
STREET ADDRESS	10320 LK CARROLL WAY	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	SCF	<input type="checkbox"/> Delete
NAME	BURTON, ELIZABETH L	
STREET ADDRESS	10320 LK CARROLL WAY	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CROCKETT, STEVEN D.	
STREET ADDRESS	16540 OFFENHAUR RD.	
CITY-ST-ZIP	ODESSA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOLEY, CONAL O.	
STREET ADDRESS	2722 JETTON AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Conal D. Foley

01/04/01

Date

(813) 963-3333

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90018 024 ***150.00

606326



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)