

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90234 032 ***150.00

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

4108 GUNN Hwy

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 272024

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33624

Country

USA

Zip

33688-2024

Country

USA

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

William J. Burton Jr

Street Address (P.O. Box Number is Not Acceptable)

3310 McFarland Rd

City

Tampa

FL

Zip Code

33618

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

William J. Burton Jr

William J. Burton Jr - Chairman

1-21-02

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, 2002 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	PDCE	<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 checked="" 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	16914 FILLY LANE	
CITY-ST-ZIP	ODESSA FL 33556	
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	CEO/CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, WILLIAM J. JR	
STREET ADDRESS	3310 McFarland Rd	
CITY-ST-ZIP	Tampa FL 33618	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, ELIZABETH L	
STREET ADDRESS	P.O. Box 272024	
CITY-ST-ZIP	Tampa FL 33688-2024	
TITLE	COO/VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROCKETT, STEVEN D	
STREET ADDRESS	16914 FILLY LANE	
CITY-ST-ZIP	ODESSA - FL 33556	
TITLE	P/T/CF/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, CONAL O	
STREET ADDRESS	2722 JETTON AVE	
CITY-ST-ZIP	Tampa FL 33629	
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:

Conal O. Foley
CONAL O. FOLEY President

Date

1/20/02

Daytime Phone #

(913) 963-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)