

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90100 011 ***61.25

DOCUMENT # N18698

1. Entity Name
ACROSSTOWN COFFEEHOUSE INC.



Principal Place of Business

**1804 SW 35 PLACE
GAINESVILLE FL 32608
US**

Mailing Address

**1804 SW 35 PLACE
GAINESVILLE FL 32608
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2794510

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORLANDO, ANNE
1804 SW 35 PLACE
GAINESVILLE FL 32608**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Anne Orlando

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/03

FILE NOW: FEE IS \$61.25

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DBM	<input type="checkbox"/> Delete
NAME	ORLANDO, ANNE	
STREET ADDRESS	1804 SW 35 PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	DPM	<input type="checkbox"/> Delete
NAME	WALES, PAUL	
STREET ADDRESS	1804 SW 35 PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ANDREWS, RENE	
STREET ADDRESS	ROUTE 1, BOX 459	
CITY-ST-ZIP	MICANOPY FL 32667	
TITLE	DPD	<input type="checkbox"/> Delete
NAME	BLAKESLY, JONI	
STREET ADDRESS	P.O. BOX 12372 N/A	
CITY-ST-ZIP	GAINESVILLE FL 32604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anne Orlando* REQUIRED

4/6/03 352-376-7646

CR2E037 (10/02)