FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # N9600003246 THE CO-OP COFFEEHOUSE CLUB. INC. 4-30-2001 90345 032 ****61.25 Principal Place of Business Mailing Address 932 BOLTON LANE 932 BOLTON LANE ROCKLEDGE FL 32955-3822 ROCKLEDGE FL 32955-3822 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3388821 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Kris Spadt Street Address (P.O. Box Number is Not Acceptable) SPADT, DEBBIE 932 BOLTON LANE 932 Bolton Lane **ROCKLEDGE FL 32955-3822** 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. KRIS R SPAOT Tregsurer SIGNATURE FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITL F Delete TITLE ☐ Change Addition CR2E037 (10/00 Nickloson VINCENT, DAVID M Catherine NAME NAME 803 Florida Avenue STREET ADDRESS 2591 BRETT COURT STREET ADDRESS CITY-\$T-ZIP MELBOURNE FL 32935 CITY-ST-ZIP 32922 COGON , FL SD TITLE TITLE ☐ Change Addition MARK WILLAND STEWART, SANDY NAME NAME 4340 Everglades Street STREET ADDRESS 321 WASHINGTON AVENUE STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL 32920 CITY-ST-ZIP COLON, FL PD TITLE Delete Change Addition KAIS SPADT SPADT, DEBBIE NAME NAME 932 Bolton Lanc 932 BOLTON LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROCKLEDGE FL 32955 CITY-ST-ZIP 32955 - 3822 Rockledge, FL Delete TITLE TITLE ☐ Change Addition NAME GROOMS, DAVE NAME STREET ADDRESS 981 ELDRON BLVD STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32909 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

KRIS R SPADT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

SIGNATURE: