

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000003246

FILED
Apr 29, 2003
Secretary of State

Entity Name: THE CO-OP COFFEEHOUSE CLUB, INC.

Current Principal Place of Business:

932 BOLTON LANE
ROCKLEDGE, FL 329553822 US

New Principal Place of Business:

Current Mailing Address:

932 BOLTON LANE
ROCKLEDGE, FL 329553822 US

New Mailing Address:

FEI Number: 59-3388821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPADT, KRIS
932 BOLTON LANE
ROCKLEDGE, FL 329553822

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SPADT, KRIS
Address: 932 BOLTON LANE
City-St-Zip: ROCKLEDGE, FL 329553822

Title: PD () Delete
Name: NICHOLSON, NICK
Address: 1450 S. BELFORD CT.
City-St-Zip: MERRITT ISLAND, FL 32923

Title: SD () Delete
Name: BALL, BUD
Address: 5090 LAGUNA VISTA DR.
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KRIS SPADT

TD

04/29/2003

Electronic Signature of Signing Officer or Director

Date