

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90016 002 \*\*\*150.00

**DOCUMENT # P00000092022**

1. Entity Name  
**CROSSROADS COFFEEHOUSE AND CAFE, INC.**

Principal Place of Business <b>3 CLIFFORD DRIVE          SHALIMAR FL 32579</b>	Mailing Address <b>3 CLIFFORD DRIVE          SHALIMAR FL 32579</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-3681868</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HARRELL, ROBISON R  
 3 CLIFFORD DRIVE  
 SHALIMAR FL 32579**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HARRELL, ROBISON R</b>	
STREET ADDRESS	<b>3 CLIFFORD DRIVE</b>	
CITY-ST-ZIP	<b>SHALIMAR FL 32579</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>HARRELL, LONNETTE E</b>	
STREET ADDRESS	<b>3 CLIFFORD DRIVE</b>	
CITY-ST-ZIP	<b>SHALIMAR FL 32579</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>GARCIA, DAWN L</b>	
STREET ADDRESS	<b>3 CLIFFORD DRIVE</b>	
CITY-ST-ZIP	<b>SHALIMAR FL 32579</b>	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

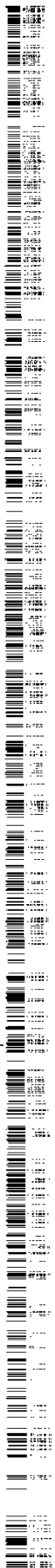
**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	
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: *Robison R. Harrell* **ROBISON R. HARRELL** 1/5/01 850-651-3210  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



Attachment  
#P00000092622  
D0002500

**CROSSROADS COFFEEHOUSE & CAFÉ**

3 CLIFFORD DRIVE  
SHALIMAR, FLORIDA 32579  
(850) 651-3210  
FAX (850) 651-3210

January 5, 2001

FLORIDA DEPARTMENT OF STATE  
Ms. Katherine Harris  
Secretary of State  
Division of Corporations  
Annual Reports Filings  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

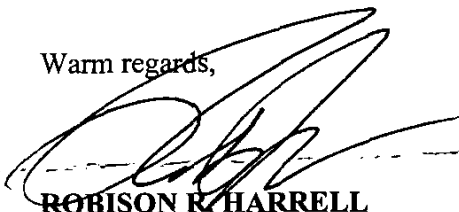
**RE: Crossroads Coffeehouse And Café, Inc.**

Dear Ms. Harris:

Enclosed are the following:

1. The **2001 Uniform Business Report** for Crossroads Coffeehouse And Café, Inc.; and
2. A **check** made payable to the Department Of State in the amount of \$150.00.

Warm regards,



**ROBISON K. HARRELL**

RRH/dg

Enclosures: As listed

