

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91160 020 ***150.00

DOCUMENT # P01000090380

1. Entity Name

SPENCER'S COFFEE HOUSE, INC.

DO NOT WRITE IN THIS SPACE

90130081

2. Principal Place of Business
915 COLLEGE STREET
Suite, Apt. #, etc.

3. Mailing Address
1503 SCOTTSVILLE RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOWLING GREEN, KY
Zip
42101

City & State
BOWLING GREEN, KY
Zip
42104-2435

4. FEI Number
65-1144282

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
HOWARD R WOMELDORPH, JR
Street Address (P.O. Box Number is Not Acceptable)
7648 LOCKWOOD RIDGE ROAD

City
SARASOTA **FL** **Zip Code**
34243

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
PRESIDENT
NAME
JEAN MURZI
STREET ADDRESS
1503 SCOTTSVILLE ROAD
CITY - ST - ZIP
BOWLING GREEN, KY 42104

TITLE
VICE PRESIDENT
NAME
PAUL MURZI
STREET ADDRESS
1503 SCOTTSVILLE ROAD
CITY - ST - ZIP
BOWLING GREEN, KY 42104

TITLE
TREASURER
NAME
TARA ANN LEAKE
STREET ADDRESS
1503 SCOTTSVILLE ROAD
CITY - ST - ZIP
BOWLING GREEN, KY 42104

TITLE
SECRETARY
NAME
JEFF LEAKE
STREET ADDRESS
1503 SCOTTSVILLE ROAD
CITY - ST - ZIP
BOWLING GREEN, KY 42104

TITLE
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jan P. Murzi **JEAN MURZE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 **270-393-7060**
Date **Daytime Phone #**