

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90045 004 ***150.00

DOCUMENT # P16153

1. Entity Name

GLORIA JEAN'S GOURMET COFFEES CORP.

Principal Place of Business

Mailing Address

**11480 COMMERCIAL PKWY.
 CASTROVILLE CA 95012
 US**

**11480 COMMERCIAL PKWY.
 CASTROVILLE CA 95012-3202
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3185413

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | CFVP | <input type="checkbox"/> Delete |
| NAME | ARCHER, MARK J | |
| STREET ADDRESS | 11480 COMMERCIAL PKWY. | |
| CITY-ST-ZIP | CASTREVILLE CA 95012 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | REED, HANSEN P | |
| STREET ADDRESS | 11480 COMMERCIAL PKWY. | |
| CITY-ST-ZIP | CASTREVILLE CA 95012 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCEWEN, ALTON | |
| STREET ADDRESS | 11480 COMMERCIAL PKWY. | |
| CITY-ST-ZIP | CASTREVILLE CA 95012 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MCEWEN, ALTON | |
| STREET ADDRESS | 11480 COMMERCIAL PKWY. | |
| CITY-ST-ZIP | CASTREVILLE CA 95012 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------|---|
| TITLE | GFO/VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ann Wride | |
| STREET ADDRESS | 2144 Michelson Drive | |
| CITY-ST-ZIP | Irvine, CA 92612 | |
| TITLE | Asst. Secretary | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Robert Rodriguez | |
| STREET ADDRESS | 11480 Commercial Parkway | |
| CITY-ST-ZIP | Castroville, CA 95012 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ann Wride | |
| STREET ADDRESS | 2144 Michelson Drive | |
| CITY-ST-ZIP | Irvine, CA 92612 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Tim Ryan | |
| STREET ADDRESS | 2144 Michelson Drive | |
| CITY-ST-ZIP | Irvine, CA 92612 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | John Martin | |
| STREET ADDRESS | 2144 Michelson Drive | |
| CITY-ST-ZIP | Irvine, CA 92612 | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hansen P. Reed

Date

2/15/00

Daytime Phone #

(831) 632-8209

CR2E034 (9/99)