

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90605 008 ***150.00

DOCUMENT # P17892

1. Entity Name

BINGHAM COFFEE COMPANY

Principal Place of Business

**300 U.S. HIGHWAY 29S.
P.O. BOX 1628
CONCORD NC 28026-1628
US**

Mailing Address

**300 U.S. HIGHWAY 29S.
P.O. BOX 1628
CONCORD NC 28025**

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

56-1151006

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

**BLACKBURN, A.B., JR.
1921 DEWEY PLACE
JACKSONVILLE FL 32207**

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, 2002 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 **P** ☐ Delete
NAME **HINSON, RON**
STREET ADDRESS **893 CRAIGMONT LN**
CITY-ST-ZIP **CONCORD NC 28027**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☒ Delete
NAME **HORTON, BRENDA**
STREET ADDRESS **300 US HWY 29 S.**
CITY-ST-ZIP **CONCORD NC**

TITLE ☒ Change ☐ Addition
NAME **Secretary**
STREET ADDRESS **Steve Cole**
CITY-ST-ZIP **at 341 Beckwith Lane**
Concord NC

TITLE **C** ☒ Delete
NAME **BARRIER, LUTHER**
STREET ADDRESS **8950 BOWMAN BARRIER RD**
CITY-ST-ZIP **MT PLEASANT NC**

TITLE ☒ Change ☐ Addition
NAME **Controller**
STREET ADDRESS **Jack Robinson**
CITY-ST-ZIP **1914 Chesterfield**
Belmont NC 28012

TITLE **T** ☐ Delete
NAME **COLE, STEPHEN F.**
STREET ADDRESS **341 BECKWITH LANE**
CITY-ST-ZIP **CONCORD NC**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/02 704-782-3121

CR2E034 (9/01)