

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079520

1. Entity Name

THE COFFEEHOUSE COLLECTION, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90013 031 \*\*\*158.75

Principal Place of Business 860 FIFTH AVENUE SOUTH NAPLES FL 34102	Mailing Address P.O. BOX 2041 NAPLES FL 34106-2041
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2. Principal Place of Business 1100 6TH AVENUE SOUTH Suite, Apt. #, etc. # 11		3. Mailing Address Suite, Apt. #, etc.	
City & State NAPLES FL		City & State	
Zip 34102	Country USA	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3415308	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GARNER, JOHN A  
606 BALD EAGLE DRIVE  
STE 500  
MARCO ISLAND FL 34145

*Same agent  
different address*

7. Name and Address of New Registered Agent

Name GARNER, JOHN A
Street Address (P.O. Box Number is Not Acceptable) 801 LAUREL OAK DRIVE
SUITE 710
City NAPLES FL Zip Code 34108

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 NAME STREET ADDRESS CITY-ST-ZIP	PST JONES, SCOTT C 346 CENTRAL AVENUE NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Scott C Jones, President SCOTT C JONES, PRES. 3/7/2000 941.435.1180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)