

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065248

1. Entity Name

CLASSIC COFFEE ROASTERY, INC.

Principal Place of Business

3959 VAN DYKE RD. SUITE 294  
LUTZ FL 33549

Mailing Address

3959 VAN DYKE RD. SUITE 294  
LUTZ FL 33549-8025

2. Principal Place of Business

18609 Geraci Rd  
Suite, Apt. #, etc.

3. Mailing Address

18609 Geraci Rd  
Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Lutz, FL

Zip

33549

Country

USA

Zip

33549

Country

USA

6. Name and Address of Current Registered Agent

TEDESCO, MAUREEN E  
3959 VAN DYKE RD, SUITE 294  
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

18609 Geraci Rd

City

Lutz

FL

Zip Code

33549

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

Maureen Tedesco

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

(NOTE: Registered Agent signature required when reinstating)

3/13/00

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

TITLE P  
NAME MORRIS, JUDY E  
STREET ADDRESS 18609 GERACI RD.  
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE CEO  
NAME TEDESCO, MAUREEN E  
STREET ADDRESS ~~3959 VAN DYKE RD. #294~~  
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS 18609 Geraci Rd  
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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:

Maureen Tedesco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

Date

813/909-0334

Daytime Phone #

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90034 034 \*\*\*150.00

C0039117



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)