2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000079930** May 01, 2000 8:00 am Secretary of State -CATHY'S BAKERY & COFFEE SHOP, INC. 05-01-2000 90387 019 ***150.00 Bay Islands Coffee Company, Inc Principal Place of Business 5240 NW 34TH STREET 5240 NW 34TH STREET STE D STF D GAINESVILLE FL 32605 GAINESVILLE FL 32605-6101 2. Principal Place of Business 3. Mailing Address 3270 SW 35TH Blvd 3270 SW 35 TH DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3469659 Gainesville Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 2608 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILDER, EMERITA C 5240 NW 34TH STREET SUITE D GAINESVILLE FL 32603 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE ☐ Delete NAME WILDER, EMERITA C NAME 205 SW 75 TH St, Apt 10-V Gainesville FL 32607 STREET ADDRESS STREET ADDRESS 5240 NW 34TH STREET, SUITE D CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32605** ☐ Delete TITLE TITLE WILDER, STEVEN K NAME 205 SW 75TH St, Apt. 10-V Gainesville FL 32607 STREET ADDRESS STREET ADDRESS 5240 NW 34TH STREET, SUITE D CITY-ST-Z/P CITY-ST-ZIP GAINESVILLE FL 32605 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

TITLE

NAME

TITLE NAME STREET ADDRESS

STREET ADDRESS

为人的生物。

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Delete

SIGNATURE:

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-00

352-372-5754

Daytime Phone #

☐ Change

↑ Change

Addition

Addition