

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005928

1. Entity Name

SWEET SAGE COFFEE COMPANY, INC.

Principal Place of Business

16725 GULF BOULEVARD  
N. REDINGTON BEACH FL 33708

Mailing Address

16725 GULF BOULEVARD  
N. REDINGTON BEACH FL 33708

2. Principal Place of Business

16725 Gulf Blvd  
Suite, Apt. #, etc.

3. Mailing Address

Sweet Sage Coffee, Inc.  
Suite, Apt. #, etc.

City & State

NO. Redington Beach

City & State

Florida

Zip

33708

Country

USA

Zip

Country

4. FEI Number

59-3598867

5. Certificate of Status Desired

☐ ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

WILSON, BARBARA E  
16725 GULF BOULEVARD  
N. REDINGTON BEACH FL 33708

7. Name and Address of New Registered Agent

Name  
Street  
City  
State  
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 *Barbara E. Wilson*

Barbara E. Wilson

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	Pres	<input type="checkbox"/> Delete
NAME	Barbara Wilson	
STREET ADDRESS	8644 140 Way NO	
CITY-ST-ZIP	Seminole FL 33776	
TITLE	Vice Pres	<input type="checkbox"/> Delete
NAME	Barbara Wilson	
STREET ADDRESS	8644 140 Way NO	
CITY-ST-ZIP	Seminole FL 33776	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Barbara Chauvont	
STREET ADDRESS	17316 83rd NO	
CITY-ST-ZIP	Loxahatchee FL 33470	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Say Wilson	
STREET ADDRESS	13426 Cranberry CT	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Barbara E. Wilson*  
Date 9/27/00  
Daytime Phone # 727-3910453

FILED

00 OCT -2 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

00

CR2E034 (5/00)

KE