

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000009033

Entity Name: CUPS CO-OP I, INC.**Current Principal Place of Business:**111 1ST STREET N
DUNDEE, FL 33838-1739**Current Mailing Address:**PO BOX 1739
DUNDEE, FL 33838-1739 US**FEI Number: 82-2677066****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SCHAAL, JENNIFER E
111 1ST STREET N
DUNDEE, FL 33838-1739 US*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: JENNIFER E SCHAAL****02/13/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name RALEY, W LINDSAY
Address 111 1ST STREET N
City-State-Zip: DUNDEE FL 33838-1739

Title PRESIDENT, DIRECTOR, CHAIRMAN
Name GOODMAN, RICHARD
Address 111 1ST STREET N
City-State-Zip: DUNDEE FL 33838-1739

Title D, EXECUTIVE VICE PRESIDENT, CEO
Name CALLAHAM, STEVEN B
Address 111 1ST STREET N
City-State-Zip: DUNDEE FL 33838-1739

Title VP, DIRECTOR
Name BEHR, BOB
Address 111 1ST ST N
City-State-Zip: DUNDEE FL 33838

Title SECRETARY
Name SCHAAL, JENNIFER
Address 111 1ST ST N
City-State-Zip: DUNDEE FL 33838

Title TREASURER, DIRECTOR
Name SCHAAL, MARY
Address 111 1ST ST N
City-State-Zip: DUNDEE FL 33838

Title DIRECTOR
Name LOEB, DAVID
Address 111 1ST ST N
City-State-Zip: DUNDEE FL 33838

Title DIRECTOR
Name LOUGHRAN, ED
Address 111 1ST ST N
City-State-Zip: DUNDEE FL 33838

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER SCHAAL**SECRETARY****02/13/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STORY, KYLE
Address 111 1ST ST N
City-State-Zip: DUNDEE FL 33838

Title DIRECTOR
Name SCHRADER, TED
Address 111 1ST ST N
City-State-Zip: DUNDEE FL 33838

Title DIRECTOR
Name PINES, ED
Address 111 1ST ST N
City-State-Zip: DUNDEE FL 33838

Title DIRECTOR
Name PATE, ADAM
Address PO BOX 1804
City-State-Zip: DUNDEE FL 33838