

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90010 016 \*\*\*150.00

00076922

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P39799**  
 1. Entity Name  
**The Coffee Beanery, Ltd. R**

Principal Place of Business      Mailing Address  
**3429 Pierson Place      3429 Pierson Place**  
**Flushing, Michigan 48433      Flushing, Michigan 48433**  
**U.S.      U.S.**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**38-2118126**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CT Corporation System**  
**1200 South Pine Island Road**  
**Plantation, Florida 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>Shaw, JoAnne</b>	
STREET ADDRESS	<b>3429 Pierson Place</b>	
CITY-ST-ZIP	<b>Flushing, Michigan 48433</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> Delete
NAME	<b>Shaw, Julius</b>	
STREET ADDRESS	<b>3429 Pierson Place</b>	
CITY-ST-ZIP	<b>Flushing, Michigan 48433</b>	
TITLE	<b>COB</b>	<input type="checkbox"/> Delete
NAME	<b>Shaw, Julius</b>	
STREET ADDRESS	<b>3429 Pierson Place</b>	
CITY-ST-ZIP	<b>Flushing, Michigan 48433</b>	
TITLE	<b>COO</b>	<input type="checkbox"/> Delete
NAME	<b>Gausden, Dave</b>	
STREET ADDRESS	<b>3429 Pierson Place</b>	
CITY-ST-ZIP	<b>Flushing, Michigan 48433</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

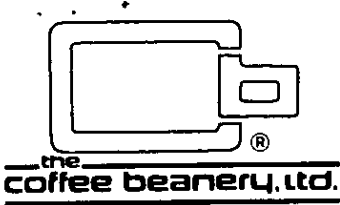
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: **X JoAnne Shaw**      Date: **July 25, 2000**      Daytime Phone #: **810-733-1020**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)



Attachment P 3 9799  
DW16922

3429 Pierson Place  
Flushing, Michigan 48433  
Phone: 810.733.1020  
Fax: 810.733.1536

Tricia S. Ledwick  
Manager, Legal/Lease Administration  
Ext. 8175

July 21, 2000

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Regarding: The Coffee Beanery, Ltd. 2000 Annual Report

Dear Sir or Madam:

Enclosed is form P39799, Profit Corporation Annual Report for the State of Florida along with the filing fee in the amount of \$150.00.

Although there is no provision in the statute to waive fees, we are requesting a waiver of the penalties for late filing due to the fact that we never received the first or second notices. This has been the third consecutive year we have not received the notices.

If you have any questions or comments, I invite you to contact me.

Sincerely,

*Tricia S. Ledwick*

Tricia S. Ledwick  
Manager, Legal/Lease Administration

Enclosures

