

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90002 021 ***150.00

A0038480

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000071341
1. Entity Name
 GOURMET CUP JAVA HUT, INC.
 Principal Place of Business: 408 Sandra Lane, Belton, MO 64012, US
 Mailing Address: 2606 Durant Oaks Dr, Valrico, FL 33594-5932, US

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

4. FEI Number 59-3396528
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Amerilawyer Chartered
 343 Almeria Ave
 Coral Gables, FL 33134

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | Rayfield Benjamin S | |
| STREET ADDRESS | 2606 Durant Oaks Drive | |
| CITY-ST-ZIP | Valrico, FL 33594 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | Debbie R. Hyman | |
| STREET ADDRESS | 518 Indian Trail | |
| CITY-ST-ZIP | Belton, MO 64012 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | Rayfield Thomas M | |
| STREET ADDRESS | 408 Sandra Ln | |
| CITY-ST-ZIP | Belton, MO 64012 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | Rayfield, Christopher M | |
| STREET ADDRESS | 509 24th Ave SW | |
| CITY-ST-ZIP | Ruskin, FL 33570 | |
| 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: Thomas M Rayfield
 THOMAS M RAYFIELD, SECRETARY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 3-19-01 Date 816-331-7267 Telephone

CR2E034 (1/1/00)