

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90035 001 ***150.00

DOCUMENT # 407044

1. Entity Name

COUNTRY FAIR, INC.

Principal Place of Business

US HWY 301, P. O. BOX 609
 PALMETTO FL 34220

Mailing Address

US HWY 301, P. O. BOX 609
 PALMETTO FL 34220-0609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1461473**

Applied For

Not Applicable

Zip Country

34220-0609

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTWRIGHT, W. W.
5408 BAYSHORE RD.
PALMETTO FL 34221

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

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 \$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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<p><input type="checkbox"/> Delete</p> <p>PD CARTWRIGHT, W. W. 5408 BAYSHORE ROAD PALMETTO FL</p>	<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>34221-9301</p>
<p><input type="checkbox"/> Delete</p> <p>SD ANDERSON, FREDA 5408 BAYSHORE RD. PALMETTO FL</p>	<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>34221-9301</p>
<p><input type="checkbox"/> Delete</p> <p>ADDRESS ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p> <p>ADDRESS ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p> <p>ADDRESS ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p> <p>ADDRESS ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p> <p>ADDRESS ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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 stated 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 applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. W. Cartwright (W. W. CARTWRIGHT) 2-11-00 941-722-56
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #