

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721569

1. Entity Name

COUNTRY ACRES AUXILIARY, INC.

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90062 021 ****61.25

Principal Place of Business

Mailing Address

1850 S. DELEON AVE.
TITUSVILLE FL 32780

1850 S. DELEON AVE.
TITUSVILLE FLA 32780-7747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7158373

Applied For

Not Applicable

Zip

Country

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

BENNETT, WARREN W.
1850 S. DELEON AVE.
TITUSVILLE FL 32780-4747

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	TANTILLO, DON	
STREET ADDRESS	330 MOCKINGBIRD LANE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOOPER, MARILYN S	
STREET ADDRESS	1515 N. INDIAN RIVER DRIVE	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RAGSDALE, BILL	
STREET ADDRESS	2185 KEYLIME DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WARREN, BENNETT	
STREET ADDRESS	1850 S DELEON AVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bill Ragdsdale, Treas 4 Feb 2000 321/269-9610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)