

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 22, 2000 08:00 AM****Secretary of State****DOCUMENT # L55249**

1. Entity Name

COUNTRY SQUIRE INN, INC.

Principal Place of Business

7859 LAKE WORTH ROAD

LAKE WORTH

33467

FL

Mailing Address

7859 LAKE WORTH ROAD

LAKE WORTH

33467

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**65-0177154**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

BEACHLER G J

4 OHIO ROAD

LAKE WORTH

33467

FL

US

**7. Name and Address of New Registered Agent**

Name

BEACHLER G J

Street Address (P.O. Box Number is Not Acceptable)

7334 LAKE WORTH RD.

City

LAKE WORTH

**FL**Zip Code  
33467

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 **G.J. BEACHLER**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**02/22/2000**

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**11. OFFICERS AND DIRECTORS**

TITLE	DV	<input type="checkbox"/> Delete
NAME	FARNBAUCH, MAX	
STREET ADDRESS	4 OHIO ROAD	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE	DV	<input type="checkbox"/> Delete
NAME	BEACHLER, MARK	
STREET ADDRESS	3733 VALLEY PARK WAY	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE	DVST	<input type="checkbox"/> Delete
NAME	FARNBAUCH, W. J.	
STREET ADDRESS	3703 VALLEY PARK WAY	
CITY-ST-ZIP	LAKE WORTH FL	

TITLE	DP	<input type="checkbox"/> Delete
NAME	BEACHLER, G. J.	
STREET ADDRESS	3742 VALLEY PARK WAY	
CITY-ST-ZIP	LAKE WORTH FL	

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	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARNBAUCH, MAX	
STREET ADDRESS	7334 LAKE WORTH RD.	
CITY-ST-ZIP	LAKE WORTH FL 33467	

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEACHLER, MARK	
STREET ADDRESS	3733 VALLEY PARK WAY	
CITY-ST-ZIP	LAKE WORTH FL 33467	

TITLE	DVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARNBAUCH, W. J.	
STREET ADDRESS	3703 VALLEY PARK WAY	
CITY-ST-ZIP	LAKE WORTH FL 33467	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEACHLER, G. J.	
STREET ADDRESS	3743 VALLEY PARK WAY	
CITY-ST-ZIP	LAKE WORTH FL	

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: MARK BEACHLER

V 02/22/2000