

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000000473

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

**Entity Name:** COUNTRY KICKERS OF BONITA SPRINGS, INC.

**Current Principal Place of Business:**

16165 HARRELL AVE.  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2474  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

P.O. BOX 2474  
BONITA SPRINGS, FL 34133

**FEI Number:** 65-0982198

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MATLAND, RUDOLPH K  
12995 S. CLEVELAND AVE., STE. 107  
FT. MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CURRAN, BRENDA A  
Address: P O BOX 2474  
City-St-Zip: BONITA SPRINGS, FL 34133

Title: TD ( ) Delete  
Name: CURRAN, DANIEL A  
Address: P O BOX 2474  
City-St-Zip: BONITA SPRINGS, FL 34133

Title: SD ( ) Delete  
Name: PETERSON, PAM  
Address: 27580 GARRETT STREET  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA A. CURRAN

PD

04/29/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date