

2001 UNIFORM BUSINESS REPORT (UBR)

1/24

FILED
Feb 26, 2001 8:00 am
Secretary of State

01-24-2001 90087 048 ****61.25

DOCUMENT # N00000006992

1. Entity Name

TOWN N COUNTRY LEAGUERETTS, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 260712
 TAMPA FL 33685-0712

POST OFFICE BOX 260712
 TAMPA FL 33685-0712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3685846

Applied For

Not Applicable

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

FLACH, KAREN
 4903 BAYCREST DRIVE
 TAMPA FL 33615

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	President	<input type="checkbox"/> Delete
NAME	KAREN FLACH	
STREET ADDRESS	4903 Baycrest Drive	
CITY-ST-ZIP	Tampa FL 33615	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Michael Eulich	
STREET ADDRESS	4807 Mitchell Circle	
CITY-ST-ZIP	Tampa FL 33634	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Dawn Chudzanski	
STREET ADDRESS	13507 Galena Place	
CITY-ST-ZIP	Tampa FL 33626	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Sherri Hughey	
STREET ADDRESS	6027 Santa Monica Drive	
CITY-ST-ZIP	Tampa FL 33615	
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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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:

MICHAEL EUCH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eulich, V.P.

1/9/01

813/886-6577

Date

Daytime Phone #

CR2E037 (10/00)