

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006992

1. Entity Name

TOWN N COUNTRY LEAGUERETTS, INC.

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90080 030 ****70.00

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 George, Lisa

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

8514 Manassas Rd.

City Tampa

FL

Zip Code 33635

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
NAME FLACH, KAREN ☒ Delete
STREET ADDRESS 4803 BAYCREST DRIVE
CITY-ST-ZIP TAMPA FL 33615

TITLE PD ☒ Change ☐ Addition
NAME George, Lisa
STREET ADDRESS 8514 Manassas Rd.
CITY-ST-ZIP Tampa, FL 33635

TITLE VPD ☒ Delete
NAME EURICH, MICHAEL
STREET ADDRESS 6807 MITCHELL CIRCLE
CITY-ST-ZIP TAMPA FL 33634

TITLE VPD ☒ Change ☐ Addition
NAME Sierra, Cecile
STREET ADDRESS 15202 Barbey Ave.
CITY-ST-ZIP Tampa, FL 33625

TITLE SD ☒ Delete
NAME CHLUDZENSKI, DAWN
STREET ADDRESS 13507 GALANA PLACE
CITY-ST-ZIP TAMPA FL 33626

TITLE VPD ☒ Change ☐ Addition
NAME Graff, Karen
STREET ADDRESS 10002 Oakengate Pl.
CITY-ST-ZIP Tampa, FL 33624

TITLE TD ☒ Delete
NAME HUGHEY, SHERRI
STREET ADDRESS 6027 SANTA MONICA DRIVE
CITY-ST-ZIP TAMPA FL 33615

TITLE T/SD ☒ Change ☐ Addition
NAME Graff, Kelli
STREET ADDRESS 6309 Songbird Way
CITY-ST-ZIP Tampa FL 33625

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Lisa George REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02

813-855-0170

Date

Daytime Phone #

CR2E037 (9/01)