

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45030

1. Entity Name

COUNTY LINE COALITION, INC.

FILED

May 06, 2002 8:00 am
Secretary of State

05-06-2002 90008 005 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 1732
LUTZ FL 33549-8732

P.O. BOX 1732
LUTZ FL 33549-1732
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3114140

Applied For

Not Applicable

Zip
33548-1732

Country

Zip
33548-1732

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

THRELKELD, MARY
5800 WINDTREE DRIVE
ZEPHYRHILLS FL 33541

Name
Gaye M. Townsend
Street Address (P.O. Box Number is Not Acceptable)
19905 Long Leaf Dr.
City
Lutz FL Zip Code
33548

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 Gaye M. Townsend
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/2002

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
NAME DS
STREET ADDRESS THRELKELD, MARY
CITY-ST-ZIP 5800 WINDTREE DRIVE
ZEPHYRHILLS FL ☐ Delete

TITLE
NAME DS
STREET ADDRESS Swails, Patricia
CITY-ST-ZIP 19909 Frenc Lane
Lutz, FL 33548 ☒ Change ☐ Addition

TITLE
NAME DP
STREET ADDRESS TOWNSEND, GAYE
CITY-ST-ZIP 19905 LONG LEAF DR
LUTZ FL ☐ Delete

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

TITLE
NAME DV
STREET ADDRESS BUSTILLO, BARRY
CITY-ST-ZIP P.O. BOX 667
LUTZ FL ☐ Delete

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

TITLE
NAME PT
STREET ADDRESS HARBESON, LAURA
CITY-ST-ZIP 1ST AVE S.W.
LUTZ FL 33549 ☐ Delete

TITLE
NAME PT
STREET ADDRESS Judith Williams
CITY-ST-ZIP 1710 Palmyra Lane
Lutz, FL 33549 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: Gaye M. Townsend
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/21/2002 Day Phone #

CR2E037 (9/01)