

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**  
 05-14-2002 90217 030 \*\*\*\*70.00

**DOCUMENT # N94000004720**

1. Entity Name

**COUNTRY SWINGERS, INC.**

Principal Place of Business

**723 STEPHEN DR  
 SEBRING FL 33875  
 US**

Mailing Address

**723 STEPHEN DR  
 SEBRING FL 33875  
 US**

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

**65-0515509**

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

**BEELER, RICHARD L  
 723 STEPHEN DR  
 SEBRING FL 33875**

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 **PD** ☒ Delete  
 NAME **BEELER, RICHARD**  
 STREET ADDRESS **723 STEPHEN DR**  
 CITY-ST-ZIP **SEBRING FL 33875**

TITLE **PD** ☐ Change ☒ Addition  
 NAME **BAYLESS, GORDON**  
 STREET ADDRESS **4343 SCHUMACHER RD #38 W**  
 CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **VP** ☒ Delete  
 NAME **HECOX, JIM**  
 STREET ADDRESS **1103 BELLVUE AVE**  
 CITY-ST-ZIP **SEBRING FL 33870**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **GRENEVELD, D. ANN**  
 STREET ADDRESS **3112 SPINKS RD.**  
 CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **TD** ☒ Delete  
 NAME **HACKWORTH, DOTTIE**  
 STREET ADDRESS **99 MIMI ST**  
 CITY-ST-ZIP **SEBRING FL 33875**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **JELICKS, RON**  
 STREET ADDRESS **5704 DESOTO CITY ROAD**  
 CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **SD** ☒ Delete  
 NAME **BLOOD, ELIZABETH**  
 STREET ADDRESS **2118 CARIBBEAN RD., W**  
 CITY-ST-ZIP **SEBRING FL 33872**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **JELICKS, ROBERTA**  
 STREET ADDRESS **5704 DESOTO CITY RD.**  
 CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **D** ☒ Delete  
 NAME **JELICKS, RON**  
 STREET ADDRESS **5704 DESOTO CITY RD**  
 CITY-ST-ZIP **SEBRING FL 33870**

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

TITLE **D** ☐ Delete  
 NAME **OLIPHANT, PAULINE**  
 STREET ADDRESS **10102 WILLOW LANE**  
 CITY-ST-ZIP **SEBRING FL 33875**

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:**

*RONALD JELICKS*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-13-02 863-382-0621**

CR2E037 (9/01)