2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005127

1. Entity Name

THE COUNTY LINE BUSINESS AND PROFESSIONAL GROUP,

Principal Place of Business	Mailing Address
980 N. FEDERAL HWY., SUITE 312 BOCA RATON FL 33432 US	980 N. FEDERAL HWY., SUITE 312 BOCA RATON FL 33432 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 65-0522336 — Applied For / Not Applicable
Zip / Country	Zip / 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
RUSSELL, RICHARD S 200 EAST PALMETTO PARK ROAD BOCA RATON FL 33432	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 After September 13, 2000 min. will be $236.25	**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	TITLE	TERRY EICHAS	☑ Change ☐ Addition
NAME	RAMUS, RICHARD		NAME	640 E. ATLANTIC AVE, SUITE	
STREET ADDRESS	10910 SUNSET BEND DR		STREET ADDRESS	DELRAY BEACH, FL 33483	
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ZRINSCAK, FRED		NAME		
STREET ADDRESS	229 MIRAMAR WAY		STREET ADDRESS		
CITY-ST-ZIP	WEST PLAM BEACH FL		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HARRIS, ALEXANDER M		NAME		
STREET ADDRESS	237 GEORGE BUSH BLVD		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JAMES, RANDOLPH		NAME		
STREET ADDRESS	4901 NORTHWEST 4TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (5/00)

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 so empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   7/6/2000   561-338-____   Daytime Phone #