

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90030 046 ****61.25

DOCUMENT # N94000005127

1. Entity Name

THE COUNTY LINE BUSINESS AND PROFESSIONAL GROUP,

Principal Place of Business

980 N. FEDERAL HWY., SUITE 312
 BOCA RATON FL 33432
 US

Mailing Address

980 N. FEDERAL HWY., SUITE 312
 BOCA RATON FL 33432
 US

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

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 12, 2001, 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
 NAME RICHAS XERRY
 STREET ADDRESS 840 E ATLANTIC AVE, STE
 CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE P/D ☒ Change ☐ Addition
 NAME BRUCE WEILER
 STREET ADDRESS 1247 PINE SAGE CIRCLE
 CITY-ST-ZIP WEST PALM BCH, FL 33406

TITLE VD ☒ Delete
 NAME VINSON, FRED
 STREET ADDRESS 220 WILLOW WAY
 CITY-ST-ZIP WEST PALM BEACH, FL

TITLE V/D ☒ Change ☐ Addition
 NAME JEFFREY JOHNSON
 STREET ADDRESS 86 MACFARLANE DRIVE, #9D
 CITY-ST-ZIP DELRAY BCH, FL 33483

TITLE SD ☒ Delete
 NAME HARRIS, ALEXANDER
 STREET ADDRESS 277 GEORGE BUSH BLVD
 CITY-ST-ZIP DELRAY BEACH, FL

TITLE S/D ☒ Change ☐ Addition
 NAME MICHAEL KEEGAN
 STREET ADDRESS 86 MACFARLANE DRIVE, #9D
 CITY-ST-ZIP DELRAY BCH, FL 33483

TITLE TD ☐ Delete
 NAME JAMES, RANDOLPH
 STREET ADDRESS 4901 NORTHWEST 4TH AVENUE
 CITY-ST-ZIP BOCA RATON FL 33431

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/01

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