2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9500000714 Jan 27, 2000 8:00 am Secretary of State 1. Entity Name CHARLOTTE COUNTRY MUSIC CLUB, INC. 01-27-2000 90016 035 ****61.25 Principal Place of Business Mailing Address 1110 CORAL RIDGE DR C/O SHIRLEY ADEES 1110 CORAL RIDGE DR. PUNTA GORDA FL 33950-7258 PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0290398 Not Applicable Country Zip ____ Country_ ___ Zip____ **\$8.75** Additional. •5.- Certificate of Status Desired -----Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSS DEGARIS Street Address (P.O. Box Number is Not Acceptable 3376 PEACE RIVER D WIDMEYER. STEVE B 23177 MCMULLEN AVE PT CHARLOTTE FL 33980 HARBOR HEIGHTS 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 SIGNATURE **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE TITLE Delete DEGARIS, ROSS WIDMEYER, STEVE B NAME NAME 3376 PÉACE RIVER DRIVE STREET ADDRESS STREET ADDRESS 23127 MCMULLEN AVE ÁRBOR HEIGHTS, FL. CITY-ST-ZIP CITY-ST-ZIP PT CHARLOTTE FL 33980 Delete TITLE TITLE FRYε, BRANDON, FRED FRANK NAME NAME 13144-SW-EGRET CIRCLE #305 STREET ADDRESS 2345 SUNNINGLOW ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33948-3423 <u>PORT CHARLOTTE. EL</u> Addition 🛕 Delete TITLE TITLE ESSIG, KAREN NAME NAME STREET ADDRESS STREET ADDRESS 26336 NADIE RD., UNIT A-2 PUNTA GORDA, FL CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL 33983** Delete Addition TITLE Change TITLE DEGARIS, DELORIS ADAMCZYK, HILDA NAME NAME 3376 PÉACE RIVER DRIVER HARBOR HEIGHTS, FL. 3 STREET ADDRESS 10330 WHEELER PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL 33982** 33983 TITLE **X**□ Delete TITLE ★ Addition LANHAM, BETTY NAME STREET ADDRESS 416 BURLAND ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL 33950** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

///5/00

Date

941-625-2889

Daytime Phone #