

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90088 023 ****61.25

DOCUMENT # N95000000714

1. Entity Name

CHARLOTTE COUNTRY MUSIC CLUB, INC.

Principal Place of Business

Mailing Address

C/O SHIRLEY ADEES
1110 CORAL RIDGE DR.
PUNTA GORDA FL 33950
US

1110 CORAL RIDGE DR
PUNTA GORDA FL 33950
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

65-0290398

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

DEGARIS, ROSS
3376 PEACE RIVER DR
HARBOR HEIGHTS FL 33983

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 **P** ☐ Delete
NAME **DEGARIS, ROSS**
STREET ADDRESS **3376 PEACE RIVER DR**
CITY-ST-ZIP **HARBOR HEIGHTS FL 33983**

TITLE ☐ Change ☐ Addition
NAME **Bill Miller**
STREET ADDRESS **23258 Delaplan Ave**
CITY-ST-ZIP **Port Charlotte, FL 33954**

TITLE **VP** ☒ Delete
NAME **FRYE, FRANK**
STREET ADDRESS **13144 SW EGRET CIRCLE 305**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE ☐ Change ☒ Addition
NAME **Bill Miller**
STREET ADDRESS **23258 Delaplan Ave**
CITY-ST-ZIP **Port Charlotte, FL 33954**

TITLE **D** ☐ Delete
NAME **SHAFER, MARGARET O**
STREET ADDRESS **5017 KEY LARGO DRIVE**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Change ☐ Addition
NAME **Bill Miller**
STREET ADDRESS **23258 Delaplan Ave**
CITY-ST-ZIP **Port Charlotte, FL 33954**

TITLE **D** ☐ Delete
NAME **DEGARIS, DELORIS**
STREET ADDRESS **3376 PEACE RIVER DR**
CITY-ST-ZIP **HARBOR HEIGHTS FL 33983**

TITLE ☐ Change ☐ Addition
NAME **Bill Miller**
STREET ADDRESS **23258 Delaplan Ave**
CITY-ST-ZIP **Port Charlotte, FL 33954**

TITLE **D** ☐ Delete
NAME **SHAFER, CHARLES**
STREET ADDRESS **5017 KEY LARGO DR**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Change ☐ Addition
NAME **Bill Miller**
STREET ADDRESS **23258 Delaplan Ave**
CITY-ST-ZIP **Port Charlotte, FL 33954**

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 of Ross Degaris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/12/01

941-625-2889

CR2E037 (10/00)