

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084331

1. Entity Name

FLORIDA COUNTRY STORES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90327 042 ***150.00

Principal Place of Business

55 HARBOR DRIVE
ISLAMORADA FL 33036

Mailing Address

55 HARBOR DRIVE
ISLAMORADA FL 33036

2. Principal Place of Business

210 TAVERNIER ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 640

Suite, Apt. #, etc.

City & State

TAVERNIER FL

City & State

TAVERNIER FL

Zip

33070

Country

USA

Zip

33070

Country

USA

4. FEI Number

65-1046301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKENZIE, GREGORY
55 HARBOR DRIVE
ISLAMORADA FL 33036

210 TAVERNIER ST.
TAVERNIER FL
33070

7. Name and Address of New Registered Agent

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

4/16/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS MCKENZIE, GREGORY
CITY-ST-ZIP 55 HARBOR DRIVE
ISLAMORADA FL 33036

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME P. D.
STREET ADDRESS McKenzie, Gregory
CITY-ST-ZIP 210 TAVERNIER Street
TAVERNIER FL 33070

TITLE ☐ Change ☒ Addition
NAME S.
STREET ADDRESS McKenzie, Jessica
CITY-ST-ZIP 210 TAVERNIER ST.
TAVERNIER FL 33070

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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)

Date

Daytime Phone #

4/16/01 (35) 852 2881

CR2E034 (10/00)