

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90057 028 ***150.00

DOCUMENT # P01000083590

1. Entity Name

CRACKER BOYS' COUNTRY CAFE, INC.

Principal Place of Business

**17528 SE 49TH PLACE
HAWTHORNE FL 32640**

Mailing Address

**17528 SE 49TH PLACE
HAWTHORNE FL 32640**

2. Principal Place of Business

5605 SE US Highway 301

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hawthorne FL

City & State

Zip Country

Zip

32640

Country

Zip

Country

4. FEI Number

59-3754755

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SAUNDERS, BETTY J
17528 SE 49TH PLACE
HAWTHORNE FL 32640**

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.

Betty Jo Saunders

SIGNATURE **Betty Jo Saunders**

President

1-5-01

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 **PS** ☐ Delete
NAME **SAUNDERS, BETTY JO**
STREET ADDRESS **17528 SE 49TH PLACE**
CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **Betty Jo Saunders**

SIGNATURE REQUIRED

President

1-5-01

352481-4899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)