

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90678 038 \*\*\*150.00

0016285 AT

**DOCUMENT # P01000116928**

1. Entity Name

COUNTY LINE CAFE & GRILLE, INC.

Principal Place of Business

120 COMMERICLA WAY  
 SPRING HILL FL 34606

Mailing Address

23 EAST TARPON AVE.  
 TARPON SPRINGS FL 34689

2. Principal Place of Business

120 COMMERCIAL WAY

3. Mailing Address

120 COMMERCIAL WAY

Suite, Apt., #, etc.

Suite, Apt., #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

SPRING HILL, FL 34606

4. FEI Number

80-0004886

Applied For

Not Applicable

Zip

Country

Zip

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

KLIMIS, GEORGE N

23 EAST TARPON AVE

TARPON SPRINGS FL 34689

Name

HOWE, KEVIN R.

Street Address (P.O. Box Number is Not Acceptable)

120 COMMERCIAL WAY

City

SPRING HILL

FL

Zip Code  
 34606

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **HOWE, KEVIN R**  
 STREET ADDRESS **120 COMMERICLA WAY**  
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **D/P/S/T** ☒ Change ☐ Addition  
 NAME **HOWE, KEVIN R.**  
 STREET ADDRESS **120 COMMERCIAL WAY**  
 CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **D** ☐ Delete  
 NAME **CUNNINGHAM, KAREN A**  
 STREET ADDRESS **120 COMMERICLA WAY**  
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **D/VP** ☒ Change ☐ Addition  
 NAME **CUNNINGHAM, KAREN A.**  
 STREET ADDRESS **120 COMMERCIAL WAY**  
 CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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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: ☒

*Kevin R. Howe*

KEVIN R. HOWE

*4/12/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)