

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000005915

1. Entity Name

COUNTRYSIDE PACKAGE, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90071 041 ***150.00

Principal Place of Business

690 E. DOGWOOD ST.
MONTICELLO FL 32344

Mailing Address

PO BOX 194
MONTICELLO FL 32345-0194
US

2. Principal Place of Business

910 N. Jefferson St

3. Mailing Address

P.O. Box 194

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Monticello

City & State

FL

4. FEI Number

59-3223235

Applied For

Not Applicable

Zip

32345

Country

Jefferson

Zip

32345

Country

Jefferson

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

HARP, JANE W
690 E. DOGWOOD ST.
MONTICELLO FL 32344

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

Jane W. Harp

JANE W. HARP

1-18-2000

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, 2000 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 HARP, JANE W
STREET ADDRESS 690 E. DOGWOOD ST.
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☒ Change ☐ Addition
NAME HARP, JANE W
STREET ADDRESS 910 N. Jefferson St
CITY-ST-ZIP Monticello, FL 32345

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Jane W. Harp

1-18-2000

850-991-6965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)