

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000031682**

1. Entity Name

COUNTRY FEED & SUPPLY, INC.**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90106 038 ***150.00

Principal Place of Business

**1852 NW 9TH STREET
OKEECHOBEE FL 34972**

Mailing Address

**1852 NW 9TH STREET
OKEECHOBEE FL 34972-2059**

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 **65-0501857**Applied For
Not Applicable5. 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

**WATFORD, JEFFREY S
16550 NW 144TH AVE
OKEECHOBEE FL 34972**

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	WATFORD, JEFFREY S	
STREET ADDRESS	16550 NW 144TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	

TITLE	S	<input type="checkbox"/> Delete
NAME	WATFORD, ANGELA J	
STREET ADDRESS	16550 NW 144TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WATFORD, COLE	
STREET ADDRESS	16550 NW 144TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	

TITLE	T	<input type="checkbox"/> Delete
NAME	WATFORD, LEE	
STREET ADDRESS	16550 NW 144TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/19/00

Date

863-763-3441

Daytime Phone #