

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90241 025 \*\*\*150.00

061169 AV

**DOCUMENT # P95000014454**

**1. Entity Name**  
**COUNTRY CLUB CAFE, INC.**



**Principal Place of Business**  
**1104 EAST DOLPHIN DRIVE**  
**STUART FL 34996**

**Mailing Address**  
**1104 EAST DOLPHIN DRIVE**  
**STUART FL 34996**



**2. Principal Place of Business**

**3. Mailing Address**

**3399 SE GOLF TRAIL**  
Suite, Apt. #, etc.

**3399 SE**  
Suite, Apt. #, etc.  
**GOLF TRAIL**

☒ **CHECK HERE IF MAKING CHANGES**

**City & State**  
**STUART FL**

**City & State**  
**STUART FL**

**4. FEI Number** **65-0557408**

**Applied For**  
☒ **Not Applicable**

**Zip** **34997** **Country** **MARTIA**

**Zip** **34997** **Country** **MARTIA**

**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**

**CLAYTON, CHARLOTTE C.**  
**309 PELICAN DRIVE**  
**STUART FL 34996**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ **Delete**  
**NAME** **CLAYTON, JOHN F**  
**STREET ADDRESS** **1104 EAST DOLPHIN DRIVE**  
**CITY-ST-ZIP** **STUART FL 34996**

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

**TITLE** **VD** ☐ **Delete**  
**NAME** **RIZZI, VITRO**  
**STREET ADDRESS** **45 N OCEAN AVE**  
**CITY-ST-ZIP** **STUART FL 34996**

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

**TITLE** **ST** ☐ **Delete**  
**NAME** **WILGENKAMP, KATHLEEN**  
**STREET ADDRESS** **10600 S OCEAN DR APT G4**  
**CITY-ST-ZIP** **JENSEN BEACH FL 34957**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-9-03** **712-287-4111**

Date

Daytime Phone #

CR2E034 (10/02)