2000 UNIFORM BUSINESS REPORT (UBR)

with an address, with all other like empowered

FILED Mar 02, 2000 8:00 am Secretary of State DOCUMENT # **P95000084262** 1. Entity Name COUNTRY ROAD BUFFET, INC. 03-02-2000 90123 002 ***150.00 。许可能表示^^ Principal Place of Business Mailing Address 4325 WOODBINE ROAD 4325 WOODBINE ROAD PACE FL 32571-8704 PACE FL 32571 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3347203 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required .: ; :: 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ---WILLIAMS, ROBERT O Street Address (P.O. Box Number is Not Acceptable) 4476-WOODBINE-ROAD, OUTTEB- 3342, Williamswood Dr **PACE FL 32571** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees 👾 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change TITLE TITLE □ Delete WILLIAMS, ROBERT O NAME NAME 4475 WOODBINE ROAD, SUITE # 3342 Williamswad STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PACE FL 32571 ☐ Addition Change ☐ Delete TITLE TITLE CARTER, PATRICK MICHAE NAME STREET ADDRESS STREET ADDRESS 5551 OAKMONT DRIVE CITY-ST-ZIP CITY-ST-ZIP PACE FL Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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