

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90093 031 \*\*\*150.00

**DOCUMENT # P97000029221**

1. Entity Name

**TOWN & COUNTRY ENTERPRISES INC.**

Principal Place of Business

41 W. MAGNOLIA  
 ARCADIA FL 34266

Mailing Address

1024 SOUTH HILLSBORO AVENUE  
 ARCADIA FL 34266-4337

2. Principal Place of Business

3. Mailing Address

*41 W. Magnolia St.*      *1024 S. Hillsborough*

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City, State  
*Arcadia, FL*

City, State  
*Arcadia, FL*

4. FEI Number **59-3435554**

Applied For  
 Not Applicable

Zip *34266* Country *DeSoto*

Zip *34266* Country *DeSoto*

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

**HILLENBERG, CONNIE**  
**4725 KNOLLWOOD DR**  
**PUNTA GORDA FL 33982**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **PD BLANTHORN, SUSAN**  
 STREET ADDRESS **1024 S HILLBOROUGH AVE**  
 CITY-ST-ZIP **ARCADIA FL 34266**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **STD BLANTHORN, FREDERICK A**  
 STREET ADDRESS **1024 S HILLBOROUGH AVE**  
 CITY-ST-ZIP **ARCADIA FL 34266**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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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: *Susan Blanthorn*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3-3-00*      *941-993-4000*  
*941-494-2402*

CR2E034 (9/99)