

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90045 017 \*\*\*150.00

**DOCUMENT # P97000106922**

1. Entity Name

**COUNTRY JUNCTION GENERAL STORE INC**

Principal Place of Business

11704 U.S. HIGHWAY NORTH  
THONOTOSASSA FL 33592

Mailing Address

11704 U.S. HIGHWAY NORTH  
THONOTOSASSA FL 33592

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3486377

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BOWE, CINDY LOU**  
11704 U.S. HIGHWAY NORTH  
THONOTOSASSA FL 33592

7. Name and Address of New Registered Agent

Name

**PHILIP C. ASARO**

Street Address (P.O. Box Number is Not Acceptable)

11704 U.S. HIGHWAY 301 NORTH

THONOTOSASSA, FL 33592

City

**FL**

Zip Code

**33592**

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

*Philip C Asaro Pres.*

*Philip C Asaro*

*5/13/00*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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 **D** ☐ Delete  
NAME **BOWE, CINDY LOU**  
STREET ADDRESS **16902 HANNA ROAD**  
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☐ Delete  
NAME **BRYAN, NORMA E**  
STREET ADDRESS **5505 MILEY ROAD**  
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE ☐ Delete  
NAME **[Faint]**  
STREET ADDRESS **[Faint]**  
CITY-ST-ZIP **[Faint]**

TITLE ☐ Delete  
NAME **[Faint]**  
STREET ADDRESS **[Faint]**  
CITY-ST-ZIP **[Faint]**

TITLE ☐ Delete  
NAME **[Faint]**  
STREET ADDRESS **[Faint]**  
CITY-ST-ZIP **[Faint]**

TITLE ☐ Delete  
NAME **[Faint]**  
STREET ADDRESS **[Faint]**  
CITY-ST-ZIP **[Faint]**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **ASARO, PHILIP C**  
STREET ADDRESS **711 HUMMINGBIRD LN**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34566**

TITLE **TREASURER** ☐ Change ☒ Addition  
NAME **ASARO, MARGARET J**  
STREET ADDRESS **711 HUMMINGBIRD LN**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34566**

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

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

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

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

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:

*Philip C Asaro*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-13-00*

Date

*(813) 986-2600*

Daytime Phone #

CR2E034 (3/99)