

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080720

1. Entity Name

COUNTRY CLUB CATERING, INC.

Principal Place of Business

Mailing Address

6651 ORIOLE BLVD
ENGLEWOOD FL 34224

6651 ORIOLE BLVD
ENGLEWOOD FL 34224-3901

2. Principal Place of Business

100 Rotonda CIRCLE

3. Mailing Address

100 ROTONDA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROTONDA, FLORIDA

City & State

ROTONDA, FLORIDA

Zip

33947

Country

U.S.A.

Zip

33947

Country

U.S.A.

6. Name and Address of Current Registered Agent

REIGLE, DANIAL FYFE
43 ANNAPOLIS LN
ROTONDA FL 33947

7. Name and Address of New Registered Agent

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

10-5-00

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 ☐ Delete
NAME D
STREET ADDRESS REIGLE, DANIAL FYFE
CITY-ST-ZIP 43 ANNAPOLIS LN
ROTONDA FL 33947

TITLE ☐ Delete
NAME D
STREET ADDRESS REIGLE, LISA MARIE
CITY-ST-ZIP 43 ANNAPOLIS LN
ROTONDA FL 33947

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

Danial R. Fyfe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-5-00

Daytime Phone #

941-697-4880

EXT 2

FILED

00 OCT -6 AM 11:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

4. FEI Number

65-0862236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)

KE