

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098495

1. Entity Name

FLA COUNTRY CONNECTIONS, INC.

Principal Place of Business

3330 FRIARS COVE RD.
ST. CLOUD FL 34772

Mailing Address

3330 FRIARS COVE RD.
ST. CLOUD FL 34772

2. Principal Place of Business

3330 Friars Cove Rd

Suite, Apt. #, etc.

3. Mailing Address

3330 Friars Cove Rd

Suite, Apt. #, etc.

City & State

St. Cloud FL

Zip

34772

Country

Osceola

City & State

St. Cloud FL

Zip

34772

Country

Osceola

4. FEI Number

59-3540454

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALDERON, DUSTIN S
3330 FRIARS COVE RD.
ST. CLOUD FL 34772

7. Name and Address of New Registered Agent

Name Dustin S. Calderon

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

3330 Friars Cove Rd

City

St. Cloud FL

State

FL

Zip Code

34772

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

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

D. Calderon
(NOTE: Registered Agent signature required when reinstating)

8/30/00
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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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 DSTV ☐ Delete
NAME CALDERON, DUSTIN S
STREET ADDRESS 3330 FRIARS COVE RD.
CITY-ST-ZIP ST. CLOUD FL 34772

TITLE PD ☐ Delete
NAME CALDERON, LUCRECIA
STREET ADDRESS 3330 FRIARS CT RD
CITY-ST-ZIP SAINT CLOUD FL 34772

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
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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:

Dustin S. Calderon SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-00 (407) 908 9525

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)