

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90146 011 ***550.00

DOCUMENT # P98000098495

1. Entity Name

FLA COUNTRY CONNECTIONS, INC.

LA

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

3. Mailing Address

3330 Friars Cove Rd
 Suite, Apt. #, etc.

3330 Friars Cove Rd
 Suite, Apt. #, etc.

City & State

St. Cloud FL

City & State

St. Cloud FL

4. FEI Number

59-3540454

Applied For

Not Applicable

Zip

Country

Zip

Country

34772

USA

34772

USA

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

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

Name

LUCRECIA CALDERON

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

3330 Friars Cove Rd

St. Cloud Fla. 34772

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]

Dustin S. Calderon

9-10-01

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, 2001 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	DSTV	<input type="checkbox"/> Delete
NAME	CALDERON, DUSTIN S	
STREET ADDRESS	3330 FRIARS COVE RD.	
CITY-ST-ZIP	ST. CLOUD FL 34772	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CALDERON, LUCRECIA	
STREET ADDRESS	3330 FRIARS CT RD	
CITY-ST-ZIP	SAINT CLOUD FL 34772	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

[Signature]

Lucrecia Calderon

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)