

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052657

1. Entity Name

COUNTRY GRAPEVINE WEBSITE, INC.

FILED

Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90501 003 ***150.00

Principal Place of Business

2480 DEEDRA STREET
PORT CHARLOTTE FL 33952

Mailing Address

2480 DEEDRA STREET
PORT CHARLOTTE FL 33952

2. Principal Place of Business

2472 Deedra ST

Suite, Apt. #, etc.

3. Mailing Address

PO Box 380219

Suite, Apt. #, etc.

City & State

PT Charlotte FL

City & State

MURDOCK FL

Zip

33952

Country

Zip

33938

Country

4. FEI Number

65-0960381

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MOORE, MARY SHANNON
2480 DEEDRA STREET
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

Roxanne R Moore

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

2472 Deedra ST

PT Charlotte

City

FL

Zip Code

33952

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

Mary Shannon Moore

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-01

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

TITLE D
NAME MOORE, MARY SHANNON
STREET ADDRESS 2480 DEEDRA STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

TITLE D
NAME MOORE, ROXANNE R
STREET ADDRESS 2472 DEEDRA STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Roxanne R Moore

3-10-01

Date

Daytime Phone #

CR2E034 (10/00)