

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077869

1. Entity Name

TOWN & COUNTRY HOME FURNISHINGS, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90179 037 ***150.00

Principal Place of Business

899 SILVERADO COURT
LAKE MARY FL 32746

Mailing Address

899 SILVERADO COURT
LAKE MARY FL 32746-4967

2. Principal Place of Business

397 E ALTAMONTE DRIVE #1450
Suite, Apt. #, etc.
ALTAMONTE SPRINGS FLORIDA
City & State

3. Mailing Address

397 E ALTAMONTE DRIVE #1450
Suite, Apt. #, etc.
ALTAMONTE SPRINGS FLORIDA
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-35 96708

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Linda Bucci
Street Address (P.O. Box Numbers Not Acceptable)
397 E ALTAMONTE DR #1450
ALTAMONTE SPRINGS
City FL Zip Code 32701

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 Linda Bucci president 4/5/00
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, 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	PTD	<input type="checkbox"/> Delete
NAME	BUCCI, LINDA A	
STREET ADDRESS	899 SILVERADO COURT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	BUCCI, JOSEPH D	
STREET ADDRESS	899 SILVERADO COURT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 another like empowered.

SIGNATURE: Linda Bucci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00 407/2650660
Date Daytime Phone #

CP2E034 (9/99)