

**2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P99000081339** ✓

1. Entity Name

**Country Cottage Roof, Inc.****FILED****Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90014 010 \*\*\*150.00

A0042031

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

**Cannon Creek Center Rd. Rt. 10 Box 596**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**Lake City, Florida****Lake City, Florida**

Zip

Country

Zip

Country

**32025****USA****32025****USA**

4. FEI Number

**59-3595744**

Applied For

Not Applicable

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

**C. Holt Smith III**  
**Blackstone Building**  
**233 East Bay Street, Suite 930**  
**Jacksonville, FL 32202**

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

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 **P/D** ☐ Delete  
NAME **Barry R. Huber**  
STREET ADDRESS **P.O. Box 1264**  
CITY-ST-ZIP **Lake City, FL 32056**TITLE **P/D** ☒ Change ☐ Addition  
NAME **Barry R. Huber**  
STREET ADDRESS **P.O. Box 1264**  
CITY-ST-ZIP **Lake City, FL 32056**TITLE **C/D** ☐ Delete  
NAME **Gary D. Cooke**  
STREET ADDRESS **P.O. Box 32133**  
CITY-ST-ZIP **Lake City, FL 32056**TITLE **C/D** ☒ Change ☐ Addition  
NAME **Gary D. Cooke**  
STREET ADDRESS **P.O. Box 2133**  
CITY-ST-ZIP **Lake City, FL 32056**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **V** ☐ Change ☒ Addition  
NAME **Abram B. Huber**  
STREET ADDRESS **P.O. Box 932**  
CITY-ST-ZIP **Lake City, FL 32056**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **S/T** ☐ Change ☒ Addition  
NAME **Luke Carrender**  
STREET ADDRESS **Rt. 9 Box 785-51**  
CITY-ST-ZIP **Lake City, FL 32024**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: *Luke Carrender***Luke Carrender****3/29/01****(904) 752-4502**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)