

Amended
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9900091186**

1. Entity Name

COUNTRY FARE CAFE, INC.

Principal Place of Business

Mailing Address

**935 N. BERDEVA RD. UNIT 409
SARASOTA FL 34232**

**1814 INGRAM
SARASOTA FL
34232**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0954213

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

**GERALD LAGACE, A
1841 INGRAM AVE
SARASOTA FL 34232**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE PRESIDENT** ☐ Delete
NAME **ELKE LAGACE**
STREET ADDRESS **1841 INGRAM AVE**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **GERALD A. LAGACE**
STREET ADDRESS **181 INGRAM AVE**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **TREASURER** ☐ Delete
NAME **CHARLES DIXON**
STREET ADDRESS **7786 FAIRWAY WOODS**
CITY-ST-ZIP **SARASOTA FL 34230**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
400003299814--4
-06/21/00--01103--012
*******8.75 *****8.75**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
400003299814--4
-06/21/00--01103--011
*******61.25 *****61.25**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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: **GERALD A. LAGACE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/2000 9413649209
Day Daytime Phone #

CR2E034 (9/99)

KE