

DOCUMENT # P99000091186

1. Entity Name
COUNTRY FARE CAFE, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90080 048 ***158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
935 N. BENEVA, UNIT 409 1841 INGRAM AVE.
SARASOTA FL 34232 SARASOTA FL 34232

2. Principal Place of Business 3. Mailing Address
1841 INGRAM AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SARASOTA FL
Zip 34232 Country USA

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

LAGACE, GERALD A
1841 INGRAM AVE.
SARASOTA FL 34232

7. Name and Address of New Registered Agent

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. GERALD A. LAGACE 1-3-2001
(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 \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
T	DIXON, CHARLES	7786 FAIRWAY WOODS	SARASOTA FL 34238	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	LAGACE, ELKE	1841 INGRAM AVE	SARASOTA FL 34232	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	LAGACE, GERALD A	1841 INGRAM AVE	SARASOTA FL 34232	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 1-3-2001 941 3649209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #