

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002285

1. Entity Name
CCM DIVERSIFIED, LTD.

FILED

00 FEB -4 PM 2: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O CHRISTOPHER MASON 1338 SW IVANHOE BLVD. ORLANDO FL 32804	Mailing Address P.O. BOX 547549 C/O CHRISTOPHER MASON ORLANDO FL 32854-7549
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DO NOT WRITE IN THIS SPACE

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 **59-3410799** 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

**WILKINS, ROBERT C JR.
DITTMER, WOHLUST & WILLIAMS, P.A.
230 LOOKOUT PLACE
MAITLAND FL 32751**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. **\$3,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	P96000100196
NAME	CCM MANGEMENT, INC.
STREET ADDRESS	1338 SW IVANHOE BLVD.
CITY - ST - ZIP	ORLANDO FL 32804

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Christopher Mason* DATE: **1/10/00** DAYTIME PHONE #: **407-423-2550**