

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F43541

1. Entity Name

CHEMICAL CONSERVATION CORPORATION

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90278 041 ***158.75

Principal Place of Business

Mailing Address

10100 ROCKET BLVD
ORLANDO FL 32824
US

10100 ROCKET BLVD
ORLANDO FL 32824-8565
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1017466

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, PATRICK M
6105 MASTER BLVD
ORLANDO FL 32819

Name

KELECY, RICHARD T.

Street Address (P.O. Box Number is Not Acceptable)

1940 NW 67TH PLACE, SUITE A

City

GAINESVILLE

FL

Zip Code
32653

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 fee, if applicable.

RICHARD T. KELECY, VP

(NOTE: Registered Agent signature required when reinstating)

04/26/00

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	PD	☒ Delete
NAME	SULLIVAN, THOMAS P	
STREET ADDRESS	1021 HARVARD RD	
CITY-ST-ZIP	GROSSE PTE PK MI	
TITLE	V	☒ Delete
NAME	SULLIVAN, PATRICK M	
STREET ADDRESS	6105 MASTERS BLVD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☐ Change ☒ Addition
NAME	CENTOFANTI, LOUIS F.	
STREET ADDRESS	3406 OAKCLIFF ROAD, SUITE D1	
CITY-ST-ZIP	ATLANTA, GA	
TITLE	VSTD	☐ Change ☒ Addition
NAME	KELECY, RICHARD T.	
STREET ADDRESS	1940 NW 67TH PLACE, SUITE A	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	VP	☐ Change ☒ Addition
NAME	RANDALL, ROGER	
STREET ADDRESS	300 S. WEST END AVENUE	
CITY-ST-ZIP	DAYTON, OH 45427	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD T. KELECY

04/26/00

Date

352-373-4200

Daytime Phone #

CR2E034 (9/99)