

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J07285

1. Entity Name

CASA, INC. OF NORTH FLORIDA

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90003 031 ***550.00

Principal Place of Business

436 ATLANTIC BLVD
 NEPTUNE BEACH FL 32266

Mailing Address

436 ATLANTIC BLVD
 NEPTUNE BEACH FL 32266

2. Principal Place of Business

175 15TH ST.
 Suite, Apt. #, etc.
 ATLANTIC BEACH
 City & State FLA.

3. Mailing Address

175 15TH ST.
 Suite, Apt. #, etc.
 ATLANTIC BEACH
 City & State FLA.



DO NOT WRITE IN THIS SPACE

Zip 32233

Country USA

Zip 32233

Country USA

4. FEI Number 59-2693929

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIXON, JERROLD D.
 436 ATLANTIC BLVD
 NEPTUNE BEACH FL 32266

7. Name and Address of New Registered Agent

Name DIXON, JERROLD D.
 Street Address (P.O. Box Number is Not Acceptable)
 175 15TH ST.
 City ATLANTIC BEACH FL Zip Code 32233

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]*
 Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-24-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	VD	☐ Delete
NAME	DIXON, JERROLD D.	
STREET ADDRESS	436 ATLANTIC BLVD.	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	PD	☐ Delete
NAME	DIXON, ROSANNA	
STREET ADDRESS	436 ATLANTIC BLVD.	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	ST	☐ Delete
NAME	DIXON, ROSANNA	
STREET ADDRESS	436 ATLANTIC BLVD.	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P.	☒ Change ☐ Addition
NAME	DIXON, JERROLD D.	
STREET ADDRESS	175 15TH ST.	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	DIXON, ROSANNA	
STREET ADDRESS	175 15TH ST. ATLANTIC BEACH, FL	
CITY-ST-ZIP	32233	
TITLE	ST	☒ Change ☐ Addition
NAME	DIXON, ROSANNA	
STREET ADDRESS	175 15TH ST.	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/00 904 241 8789
 Date Daytime Phone #

CR2E034 (5/00)