

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90067 036 \*\*\*158.75

**DOCUMENT # P98000061047**

1. Entity Name  
**COMMUNITY CONCEPTS, INC.**

Principal Place of Business

Mailing Address

**336 AVENIDA DE MAYO  
 UNIT A  
 SARASOTA FL 34242**

**336 AVENIDA DE MAYO  
 UNIT A  
 SARASOTA FL 34242-3334**

2. Principal Place of Business

3. Mailing Address

**430 CENTRAL AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA, FL.**

City & State

Zip

**34236**

Country

Zip

Country

4. FEI Number

**65-0850184**

Applied For

Not Applicable

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

**AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

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. 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  Delete  
 NAME **PSD ANTUNES, DAVID L**  
 STREET ADDRESS **336 AVENIDA DE MAYO**  
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VTD WOTTON, THOMAS J**  
 STREET ADDRESS **336 AVENIDA DE MAYO**  
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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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: Thomas Wotton V.P. Community Concepts, Inc.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2000  
 Date

941-346-7177  
941-308-9573  
 Daytime Phone #

CR2E034 (9/99)