

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 401238

1. Entity Name

CCE, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90045 014 ***150.00

Principal Place of Business

Mailing Address

CHARTER HOUSE LANE
VA 23188

120 CHARTER HOUSE LANE
WILLIAMSBURG VA 23188-7891

C0032187



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

507 York Street
Suite, Apt. #, etc.

3. Mailing Address

507 York Street
Suite, Apt. #, etc.

City & State

Williamsburg, Va
Zip 23185 County James City

City & State

Williamsburg, Va
Zip 23185 County James City

4. FEI Number

59-1396759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHEMER, GERALD E.
6273 DUPONT STATION COURT
JACKSONVILLE FL 32217-2513

7. Name and Address of New Registered Agent

Name

Allen Sparks

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

6273 Dupont Station Court

City

Jacksonville

FL

Zip Code

32217

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

(757) 565-5400 (02-08-00)

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 \$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

TITLE V ☒ Delete
NAME CASON, PATRICIA
STREET ADDRESS 100 PIERCES COURT
CITY-ST-ZIP WILLIAMSBURG VA 23185

TITLE PTD ☐ Delete
NAME CASON, CLAUDE T, JR
STREET ADDRESS 100 PIERCES COURT
CITY-ST-ZIP WILLIAMSBURG VA 23185

TITLE S ☒ Delete
NAME HARRISON, DENSE E.
STREET ADDRESS 120 CHARTER HOUSE LANE
CITY-ST-ZIP WILLIAMSBURG VA 23188

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 ☐ 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

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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-08-00

(757) 565-5400

CR2E034 (9/99)