

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90111 049 ****61.25

DOCUMENT # 702817

1. Entity Name

COMMUNITY COMMUNICATIONS, INC.

Principal Place of Business

EAST DRIVE
11510 E COLONIAL DR
ORLANDO FL 32817-4699
US
USA

Mailing Address

EAST DRIVE
11510 E COLONIAL DR
ORLANDO FL 32817-4699
US
FL 4699
USA

2. Principal Place of Business

11510 EAST COLONIAL DRIVE

Suite, Apt. #, etc.

3. Mailing Address

11510 EAST COLONIAL DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-6155012

Applied For

Not Applicable

Zip

Country

32817-4699

USA

Zip

Country

32817-4699

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKENNEY
STECK, STEPHEN M EAST
11510 E COLONIAL DRIVE
ORLANDO FL 32817-4699

7. Name and Address of New Registered Agent

Name **STECK, STEPHEN MCKENNEY**
Street Address (P.O. Box Number is Not Acceptable)
11510 EAST COLONIAL DRIVE
City **ORLANDO, FL** Zip Code **32817-4699**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	AD	MCKENNEY	☐ Delete
NAME	STECK, STEPHEN M EAST		
STREET ADDRESS	11510 E COLONIAL DRIVE		
CITY-ST-ZIP	ORLANDO FL 32817-4699		
TITLE	ST	VIVONA, ALDO EAST	☐ Delete
NAME	VIVONA, ALDO		
STREET ADDRESS	11510 E COLONIAL DRIVE		
CITY-ST-ZIP	ORLANDO FL 32817-4699		
TITLE	VCD	LONGSTAFF, GEOFFREY G	☐ Delete
NAME	LONGSTAFF, GEOFFREY G		
STREET ADDRESS	634 MOURNING DOVE CIRCLE		
CITY-ST-ZIP	LAKE MARY FL 32746		
TITLE	CD	SNEAD, JR. PAUL	☐ Delete
NAME	SNEAD, JR. PAUL		
STREET ADDRESS	212 MARKER STREET		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	☒ Change ☐ Addition
NAME	STECK, STEPHEN MCKENNEY	
STREET ADDRESS	11510 EAST COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32817-4699	
TITLE	SK	☒ Change ☐ Addition
NAME	VIVONA, ALDO	
STREET ADDRESS	11510 EAST COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32817-4699	
TITLE	VCD	☒ Change ☐ Addition
NAME	LONGSTAFF, G. GEOFFREY	
STREET ADDRESS	634 MOURNING DOVE CIRCLE	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	CD	☒ Change ☐ Addition
NAME	SNEAD, JR. PAUL	
STREET ADDRESS	212 MARKER STREET	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ALDO VIVONA** **3/20/2000 (407) 273-2300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **x102**