

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724466

1. Entity Name

CCAR SERVICES, INC.

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

05-02-2000 90031 008 ****61.25

Principal Place of Business

1107 MIDDLEBURG AVE.
GREEN COVE SPRINGS FL 32043

Mailing Address

1107 MIDDLEBURG AVE.
GREEN COVE SPRINGS FL 32043-2321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1478621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBB, RICHARD W.
431 STOWE AVENUE
ORANGE PARK FL 32073

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DVP
NAME D. GLEN OAKES
STREET ADDRESS 7732 RIVER AVE.
CITY-ST-ZIP GREEN COVE SPRINGS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME KELLY, EDWARD
STREET ADDRESS 200 W. FORSYTH STREET
CITY-ST-ZIP JACKSONVILLE FL 32201

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P
NAME HAGEN, DR PAUL P
STREET ADDRESS 100 HUFFMAN STREET
CITY-ST-ZIP PENNY FARMS, FL 00000

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SMITH, WILBUR
STREET ADDRESS 279 BONNLYN DR
CITY-ST-ZIP ORANGE PARK, FL 00000

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ROWLEY, SUSAN
STREET ADDRESS 1483 WILD IRIS LANE
CITY-ST-ZIP ORANGE PARK FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME KOPELOUSOS, JOHN
STREET ADDRESS 1269 KINGSLEY AVENUE
CITY-ST-ZIP ORANGE PARK FL 32073

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)