

DOCUMENT # 726004

1. Entity Name

COMMUNITY COORDINATED CARE FOR CHILDREN, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90075 008 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3500 W COLONIAL DR
ORLANDO FL 32808
US

3500 W COLONIAL DR
ORLANDO FL 32808-7909
US

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

59-1371754

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

HARDY, W. MARVIN, III
LANDMARK CENTER TWO
STE 450, 225 E. ROBINSON ST.
ORLANDO FL 32802

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	DC	<input checked="" type="checkbox"/> Delete
NAME	BURGAY, PATRICIA	
STREET ADDRESS	1583 WATERWITHCH DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	DOBY, MICHAEL	
STREET ADDRESS	475 W. STORY RD	
CITY-ST-ZIP	OCOCHEE FL 34761	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ASHBY, KIMBERLY	
STREET ADDRESS	255 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARLIN, CHRIS	
STREET ADDRESS	2 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL LEARY	
STREET ADDRESS	1115 E. Livingston St.	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBY, MICHAEL	
STREET ADDRESS	475 W. STORY Rd.	
CITY-ST-ZIP	OCOCHEE, FL 34761	
TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHBY, KIMBERLY	
STREET ADDRESS	255 S. ORANGE AVE	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA FRANK	
STREET ADDRESS	5958 WALLACE DR.	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 647, 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 #

PATRICIA E. FRANK

407.522-2252

CR2E037 (9/99)