

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726004

1. Entity Name

COMMUNITY COORDINATED CARE FOR CHILDREN, INC.

Principal Place of Business

Mailing Address

3500 W COLONIAL DR
ORLANDO FL 32808
US

3500 W COLONIAL DR
ORLANDO FL 32808
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 CD
NAME DOBY, MICHAEL
STREET ADDRESS 475 W STORY RD
CITY-ST-ZIP OCOEE FL 34761 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VCD
NAME ASHBY, KIMBERLY
STREET ADDRESS 255 S ORANGE AVE
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE CD
NAME
STREET ADDRESS (Same)
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE TD
NAME MARLIN, CHRIS
STREET ADDRESS 2 S ORANGE AVE
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE VCD
NAME
STREET ADDRESS (Same)
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE MD
NAME FRANK, PATRICIA
STREET ADDRESS 5958 WALLACE DRIVE
CITY-ST-ZIP ORLANDO FL 32807 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME KEARY, BILL
STREET ADDRESS 1115 E. LIVINGSTON STREET
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE TD
NAME LEARY, BILL
STREET ADDRESS 1115 E. LIVINGSTON ST.
CITY-ST-ZIP ORLANDO FL 32803 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PD
NAME DOROTHY M. DUKES
STREET ADDRESS 108 S. ORTMAN DR.
CITY-ST-ZIP ORLANDO FL 32805 ☐ 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:

DOROTHY M. DUKES

5/14/01

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91297 001 ***122.50

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)