

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729851

1. Entity Name

COMMUNITY CAMPING COUNCIL, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90036 037 ****70.00

Principal Place of Business

655 SECOND AVE S.
ST. PETERSBURG FL 33701
US

Mailing Address

655 SECOND AVE S.
ST. PETERSBURG FL 33701-4103
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

23-7432179

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

HUMBERT, JUDITH
6301 23RD TERRACE N.
ST. PETERSBURG FL 33713

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 PD ☐ Delete
NAME WOOSTER, MARIE
STREET ADDRESS 326 10TH AVE NE
CITY-ST-ZIP ST PETERSBURG FL

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

TITLE VD ☐ Delete
NAME FOOTMAN, THELMA
STREET ADDRESS 2234 18TH ST. S.
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE TSD ☐ Delete
NAME WELLINGTON, LINDA
STREET ADDRESS 5800 19TH AVE N.
CITY-ST-ZIP ST. PETERSBURG FL 33710

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

TITLE D ☐ Delete
NAME HAYNES, GRAHAM R
STREET ADDRESS 1000 62ND PLACE S.
CITY-ST-ZIP ST PETERSBURG FL 33705

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00

Date

727/894-4803

Daytime Phone #

CR2E037 (9/99)