

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90030 048 \*\*\*150.00

**DOCUMENT # F97690**

1. Entity Name

**C & C SCHEDULING, INC.**

Principal Place of Business

Mailing Address

% PHILIP H. FRIEDLAND, C.P.A., P.A.  
1499 W. PALMETTO PARK RD., SUITE 416  
BOCA RATON FL 33486

% PHILIP H. FRIEDLAND, C.P.A., P.A.  
1499 W. PALMETTO PARK RD., SUITE 416  
BOCA RATON FL 33486-3324

304100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2217254**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PHILIP H. FRIEDLAND, C.P.A., P.A.**  
**1499 W. PALMETTO PARK RD.**  
**SUITE 416**  
**BOCA RATON FL 33486**

Name

**Philip H. Friedland - C.P.A. - P.A.**  
Street Address (P.O. Box Number is Not Acceptable)

**235 SE 5<sup>th</sup> AVE**

City

**DELRAY BEACH**

**FL**

Zip Code

**33433**

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 **Philip H. Friedland**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-13-00**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEES \$150.00**

**After MAY 1, 2000 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	GOERING, CALVIN G.	
STREET ADDRESS	50 CAPTAINS COVE RD	
CITY-ST-ZIP	INGLES FL 34449	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GOERING, CONSTANCE L.	
STREET ADDRESS	50 CAPTAINS COVE RD.	
CITY-ST-ZIP	INGLES FL 34449	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Constance L. Goering**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/15/2000**

**352 447 1152**

CR2E034 (9/99)