## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # F9800000776 Apr 19, 2000 8:00 am Secretary of State 1. Entity Name COMPETITIVE RESOURCES INC. 04-19-2000 90011 007 \*\*\*150.00 Principal Place of Business Mailing Address 533 GREENBRIER AVE 533 GREENBRIER AVE CELEBRATION FL 34747 **CELEBRATION FL 34747-4648** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 77-0457680 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICHARDSON, LAWRENCE S Street Address (P.O. Box Number is Not Acceptable) 533 GREENBRIER AVE CELEBRATION FL 34747 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE KEMPER, ROBERT C NAME NAME 12290 MACDONALD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OJAI CA 93023** D۷ ☐ Addition Change TITLE ☐ Delete TITLE ANDERS, JOHN NAME NAME SEA GRAPE CIRCLE 3930 5521 WINSTON PARK BLVD N #201 STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL 33073** CITY-ST-ZIP CITY-ST-ZIP ☐-Change -- ☐ Addition --- Delete TITLE TITLE CAHILL, DOUG NAME NAME 2291 HEBRON AVE. STREET ADDRESS STREET ADDRESS **GLASTONBURY CT 06033** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE RICHARDSON, LAWRENCE S NAME NAME **533 GREENBRIER AVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CELEBRATION FL 34747 CITY-ST-ZIP J. J. San J. M. J. :: Change ☐ Addition ☐ Delete TITLE TITLE તેં જ્યારે પાત્રક (તું, ેટ NAME NAME 37.2 3.450 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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:

AWARE AND TYPED OR REINTED NAME OF SIGNING OFFICER OR DIRECTOR & CFO