**FILED** 

352-429-5706

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered.

Stanta Cook P

## Jan 22, 2001 8:00 am **DOG⊍MENT # H10282** Secretary of State 1. Entity Name C & C PEAT COMPANY, INC. 01-22-2001 90023 037 \*\*\*150.00 Principal Place of Business Mailing Address 19300 HONEYCUT ROAD 9200 EDGEWATER DR **GROVELAND FL 34736** C0007714 CLEMONT FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2492567 Not Applicable Zip Country 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 COOK, STEPHEN M Street Address (P.O. Box Number is Not Acceptable) 9200 EDGEWATER DR CLERMONT FL 34711 Zip Code City Fl 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See critería on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Change ☐ Addition TITLE ☐ Delete TITLE COOK, STEPHEN NAME NAME STREET ADDRESS STREET ADDRESS 9200 EDGEWATER DR. CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE CRECELIUS, RANDALL NAME NAME STREET ADDRESS STREET ADDRESS 695 LINDEN ST CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL Change ☐ Addition ☐ Delete TITLE TITLE COOK, VICKY NAME STREET ADDRESS 9200 EDGEWATER DR STREET ADDRESS CITY-ST-7IP CITY-ST-7IP CLERMONT FL ☐ Delete TITLE ☐ Addition BULE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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