

AMENDED **2000 UNIFORM BUSINESS REPORT (UBR)**

ATX1

DOCUMENT # H-18463

1. Entity Name
CCF, INC

FILED

00 MAY -4 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
15530 42nd. St. North

Loxahatchee, Fl
33470

2. Principal Place of Business
1021 Mango Drive

3. Mailing Address
1021 Mango Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
West Palm Beach

City & State
West Palm Beach

4. FEI Number
59-2442123

Applied For
Not Applicable

Zip Country USA
33415 Palm Beach

Zip Country USA
33415 Palm Beach

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

Marilyn Keehr
15530 42nd. Street North
Loxahatchee, Fl 33470

Name
Robyn Brow
Street Address (P.O. Box Number is Not Acceptable)
1021 Mango Dr.

City Zip Code
West Palm Beach FL 33415

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 *Robyn Brow*

Robyn Brow

4/21/00
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 Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$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. May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President, Director, Sec. Treasurer ☒ Delete
NAME Marilyn Keehr
STREET ADDRESS 15530 42nd Street North
CITY - ST - ZIP Loxahatchee, Fl. 33470

TITLE President, Director, Sec., Treas ☐ Change ☒ Addition
NAME Robyn Brow
STREET ADDRESS 1021 Mango Drive
CITY - ST - ZIP West Palm Beach Fl. 33415

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
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: *Robyn Brow* Robyn Brow West Palm Beach Fl. 33415

4/21/00

501-649-7644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

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-05/24/00--01078--008
*****70.00 *****70.00

SP