

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000300

1. Entity Name

CCGM, .LLC

Principal Place of Business
12734 Kenwood Lane, Suite 8
Fort Myers, FL 33907

Mailing Address
12734 Kenwood Lane, Suite 8
Fort Myers, FL 33907

FILED

2001 MAY -2 AM 11:30

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6100 Mid Metro Drive

3. Mailing Address
6100 Mid Metro Drive

Suite, Apt. #, etc.
Suite 7

Suite, Apt. #, etc.
Suite 7

City & State
Fort Myers, FL

City & State
Fort Myers, FL

Zip Country
33912 USA

Zip Country
33912 USA

4. FEI Number
59-3617359

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Tschernitz, Peter A.
12734 Kenwood Lane, Suite 8
Fort Myers, FL 33907

7. Name and Address of New Registered Agent

Name
Tschernitz, Peter A.
Street Address (P.O. Box Number is Not Acceptable)
6100 Mid Metro Drive
Suite 7
City
Fort Myers FL Zip Code
33912

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 \$50.00
Make Check Payable to Department of State

100004325951-3
-05/29/01--01132--007
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Tschernitz, Peter A.
12734 Kenwood Lane, Suite 8
Fort Myers, FL 33907

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR/PST
Tschernitz, Peter A.
6100 Mid Metro Drive, Suite 7
Fort Myers, FL 33912

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
Garl, Ronald
6100 Mid Metro Drive, Suite 7
Fort Myers, FL 33912

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
Madden, Joseph M., Jr.
6100 Mid Metro Drive, Suite 7
Fort Myers, FL 33912

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

4/18/01

941/936-3881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #