

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L95000000663**

1. Entity Name

**C.C.F. INVESTMENTS, L.C.**

FILED

00 JAN 24 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**501 SOUTH NEW YORK AVENUE  
WINTER PARK FL 32578-9**

Mailing Address

**501 SOUTH NEW YORK AVENUE  
WINTER PARK FL 32789-4241**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3331691**

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, ROBERT B JR  
201 S. ORANGE AVE.  
STE. 100  
ORLANDO FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
ROBERT P. HOLD SELF-EMPLOYED PROFIT SH. PLAN  
501 SOUTH NEW YORK AVENUE  
WINTER PARK FL 32789**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**400003119304  
-02/01/00--01106--027  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

☐ Change ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MEM  
ADERESE CORPORATION  
501 SOUTH NEW YORK AVENUE  
WINTER PARK FL 32789**

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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #