

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M72549

1. Entity Name

CRAGAN CAMPPELLONE & ASSOCIATES, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90055 029 \*\*\*150.00

Principal Place of Business

100 S ORANGE AVE.  
8TH FLR  
ORLANDO FL 32801  
US

Mailing Address

100 S ORANGE AVE.  
8TH FLR  
ORLANDO FL 32801-3232  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2880128

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAMPPELLONE, RAE ANNE  
4589 LIGHTHOUSE CIRCLE  
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name

Rae Anne Campellone

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

4928 Easter Circle

City

Orlando

FL

Zip Code

32808

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

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. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

P  
NAME CAMPPELLONE, RAE ANNE  
STREET ADDRESS 4589 LIGHTHOUSE CIRCLE  
CITY-ST-ZIP ORLANDO FL.

TITLE ☐ Delete

V  
NAME CRAGAN, MICHAEL G.  
STREET ADDRESS 6232 ALBETH RD  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

P  
NAME Rae Anne Campellone  
STREET ADDRESS 4928 Easter Circle  
CITY-ST-ZIP Orlando, FL 32808

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Michael Cragan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-31-00 (407) 648-4660  
Daytime Phone #