## 2000 UNIFORM BUSINESS REPORT (UBR)

M97000000529 DOCUMENT # FILED 1. Entity Name 00 MAY -4 PM 12: 07 C.C.H.&P. GROUP, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 542 S. DEAN ROAD 542 S. DEAN ROAD %JOHN COPE %JOHN COPE AUBURN AL 36830-6204 AUBURN AL 36830 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CASTLEBERRY, DOTTIE Street Address (P.O. Box Number is Not Acceptable) 133 HIGHPOINT DRIVE GULF BREEZE FL 36256-1 Zip Code City 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 DATE 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 ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. Addition **MGRM** TITLE ☐ Change TITLE ☐ Delete COPE, CHARLOTTE MAME NAME 542 S DEAN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUBURN AL 36830 ☐ Chanda TITLE MGRM ☐ Delete TITLE HAM, CAROL NAME 800003268658 STREET ADDRESS STREET ADDRESS P.O. BOX 1062 N/A -05/26/00=-01081=-006 CITY-81-ZIP CITY. ST. 7EP AUBURN AL 36830 \*\*\*\*\*50.00 THILE MGRM Oeleta TITLE PITTARD, CAROL NAME MAME STREET ADDRESS STREET ADDRESS 441 PINE DALE DRIVE CITY-ST-ZIP CITY-ST-ZIP AUBURN AL 36830 Addition TITLE **MGRM** ☐ Delete TITLE Change MAME CHASE, JUDY STREET ADDRESS 1206 FERNDALE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUBURN AL 36830 ☐ Delete TITLE Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP CITY- ST- 71P Change ☐ Addition TITLE ☐ Delete TITLE NAME. NIME STREET ADDRESS STREET ASDRESS C117-81-77P CITY-ST-ZIP

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 AND TYPED OR PRINTED MANE OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE:

APPROVED