

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90145 003 \*\*\*\*61.25

**DOCUMENT # N00000005563**

1. Entity Name

**THE CCC GROUP OF THE TREASURE & GOLD COASTS, INC**

Principal Place of Business

5061 N. A-1-A, #601A  
 NORTH HUTCHINSON ISLAND FL 34949

Mailing Address

5061 N. A-1-A, #601A  
 NORTH HUTCHINSON ISLAND FL 34949

2. Principal Place of Business

5061-NORTH-A-1-A #601A  
 Suite, Apt. #, etc.  
 NORTH-HUTCHINSON-ISLAND

3. Mailing Address

SAME  
 Suite, Apt. #, etc.  
 SAME

City & State  
 FLORIDA

City & State  
 SAME

Zip  
 34949

Country  
 USA

Zip  
 SAME

Country

4. FEI Number

65-1034582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CRANMER, MARY A  
 5061 N. A-1-A, #601A  
 NORTH HUTCHINSON ISLAND FL 34949

7. Name and Address of New Registered Agent

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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PTD  
 CRANMER, MARY A  
 5061 N. A-1-A, #601A  
 NORTH HUTCHINSON ISLAND FL 34949 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VD  
 CASEY, BARBARA M  
 1208 MARINE WAY, #505, ADMIRALTY A  
 NORTH PALM BEACH FL 33408 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SD  
 SKRANDEL, PATRICIA M  
 804 BUTTONWOOD RD.  
 NORTH PALM BEACH FL 33408 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)