

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008374

1. Entity Name

CCHA COMMUNITY OF LUXURY APARTMENTS, INC.

FILED

Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90003 022 ****61.25

Principal Place of Business

1800 FARM WORKER WAY
IMMOKALEE FL 34142

Mailing Address

1800 FARM WORKER WAY
IMMOKALEE FL 34142

2. Principal Place of Business

C/O Fred N. Thomas, Jr.

3. Mailing Address

C/O Fred N. Thomas, Jr.

Suite, Apt. #, etc.

1800 Farm Worker Way

Suite, Apt. #, etc.

1800 Farm Worker Way

City & State

Immokalee, Florida

City & State

Immokalee, Florida

Zip

34142

Country

U.S.

Zip

34142

Country

U.S.

4. FEI Number

59-3701852

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

THOMAS, FRED N JR
1800 FARM WORKER WAY
IMMOKALEE FL 34142

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

Fred N. Thomas, Jr.

1/23/02

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 DC
NAME NEWSOME, ROBERT
STREET ADDRESS 1320 NORTH 15TH STREET
CITY-ST-ZIP IMMOKALEE FL 34142 ☐ Delete

TITLE VCD
NAME HOWARD, DORCAS F
STREET ADDRESS PO BOX 154
CITY-ST-ZIP IMMOKALEE FL 34143 ☒ Delete

TITLE BMD
NAME SHERROD, MILDRED
STREET ADDRESS PO BOX 875
CITY-ST-ZIP IMMOKALEE FL 34143 ☒ Delete

TITLE BMD
NAME ADAME, MARIA C
STREET ADDRESS PO BOX 3556
CITY-ST-ZIP IMMOKALEE FL 34142 ☒ Delete

TITLE BMD
NAME TOWNSEND, GERTRUDE
STREET ADDRESS 1200 APPELMINT LANE
CITY-ST-ZIP IMMOKALEE FL 34142 ☐ Delete

TITLE STD
NAME THOMAS, FRED N JR, PHM
STREET ADDRESS 1800 FARM WORKER WAY
CITY-ST-ZIP IMMOKALEE FL 34142 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VCD
NAME Adame, Maria C
STREET ADDRESS PO Box 3556
CITY-ST-ZIP Immokalee, Fl. 34142 ☐ Change ☒ Addition

TITLE BMD
NAME Floyd Z. Crews
STREET ADDRESS P.O. Box 5157
CITY-ST-ZIP Immokalee, Fl. 34143 ☐ Change ☒ Addition

TITLE BMD
NAME Dorcas F. Howard
STREET ADDRESS P.O. Box 154
CITY-ST-ZIP Immokalee, Fl. 34143 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
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:

Fred N. Thomas, Jr.

1/23/02

(941) 657-3649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)