

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000556

1. Entity Name

COALITION OF C.A.M. ORGANIZATIONS, INC.

Principal Place of Business

Mailing Address

150 DUNDEE RD #A
DAYTONA BCH FL 32118

10645 1ST STREET EAST
TREASURE ISLAND FL 33706-4803
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2965665

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DITINNO, DENNIS
10645 1ST STREET EAST
SUITE 20
TREASURE ISLAND FL 33706

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC
NAME GOODWINN, MORRIS
STREET ADDRESS 150 DUNDEE RD., SUITE A
CITY-ST-ZIP DAYTONA BEACH FL 32118 ☐ Delete

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

TITLE DS
NAME HOSTE, CHERYL
STREET ADDRESS 3140 SOUTH OCEAN BLVD.
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

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

TITLE DT
NAME DITINNO, DENNIS
STREET ADDRESS 10645 1ST STREET EAST
CITY-ST-ZIP TREASURE ISLAND FL 33706 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-26-00 121-360-7000

Date

Daytime Phone #