

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002026

1. Entity Name

CARIBBEAN CONTINENTAL SOCIAL CLUB, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90862 038 ****61.25

Principal Place of Business

Mailing Address

1921 SE 8TH ST
 CAPE CORAL FL 33990-1628

1921 SE 8TH ST
 CAPE CORAL FL 33990-1628

2. Principal Place of Business

3. Mailing Address

219 NW 4th Terrace

219 NW 4th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, Fl.

City & State

Cape Coral, Fl.

4. FEI Number

65-0582952

Applied For

Not Applicable

Zip

33993

Country

Lee

Zip

33993-

Country

Lee

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 2348

7. Name and Address of New Registered Agent

ACKORD, RONALD A
 1921 SE 8TH ST
 CAPE CORAL FL 33990-1628

Name

Iris M. James

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

219 NW 4th Terrace

City

Cape Coral

FL

Zip Code

33993-

2348

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

Iris M. James

Iris M. James, Secy-Treas. 4-26-00

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	PD	<input type="checkbox"/> Delete
NAME	ACKORD, RONALD A	
STREET ADDRESS	1921 S.E. 8TH ST.	
CITY-ST-ZIP	CAPE CORAL FL 33990-1628	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JAMES, NORMAN C	
STREET ADDRESS	219 NW 4TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JAMES, IRIS M	
STREET ADDRESS	219 NW 4TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MURRAY, WELLESLY	
STREET ADDRESS	219 NW 4TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NORMAN, JAMES C	
STREET ADDRESS	219 NW 4TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Iris M. James Iris M. James 4-26-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-772-4127

CRE037 (9/99)