

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90340 005 \*\*\*\*61.25

**DOCUMENT # N95000002026**

1. Entity Name

**CARIBBEAN CONTINENTAL SOCIAL CLUB, INC.**

Principal Place of Business

219 NW 4TH TERRACE  
 CAPE CORAL FL 33993

Mailing Address

219 NW 4TH TERRACE  
 CAPE CORAL FL 33993

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0582952**

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

**JAMES, IRIS M**  
**219 NW 4TH TERRACE**  
**CAPE CORAL FL 33993-2348**

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: PD  
 NAME: ACKORD, RONALD A  Delete  
 STREET ADDRESS: 1921 S.E. 8TH ST.  
 CITY-ST-ZIP: CAPE CORAL FL 33990-1628

TITLE: VPD  
 NAME: JAMES, NORMAN C  Delete  
 STREET ADDRESS: 219 NW 4TH TERR  
 CITY-ST-ZIP: CAPE CORAL FL 33909

TITLE: TD  
 NAME: JAMES, IRIS M  Delete  
 STREET ADDRESS: 219 NW 4TH TERR  
 CITY-ST-ZIP: CAPE CORAL FL 33909

TITLE: PSTD  
 NAME: MURRAY, WELLESLY  Delete  
 STREET ADDRESS: 219 NW 4TH TERR  
 CITY-ST-ZIP: CAPE CORAL FL 33909

TITLE: TD  
 NAME: NORMAN, JAMES C  Delete  
 STREET ADDRESS: 219 NW 4TH TERR  
 CITY-ST-ZIP: CAPE CORAL FL 33909

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE:  Change  Addition  
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 STREET ADDRESS:  
 CITY-ST-ZIP:

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

TITLE:  Change  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 empowerments.

SIGNATURE: *Ronald A. Ackord*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-01 941-574-2120

CR2E037 (10/00)