

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000098

1. Entity Name

CARIBBEAN CHRISTIAN ORPHANAGE & OUTREACH, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90020 009 ****61.25

Principal Place of Business

Mailing Address

PO BOX 336
HIGH SPRINGS FL 32655

PO BOX 336
HIGH SPRINGS FL 32655-0336

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

59-3489381

Applied For

Not Applicable

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

SUISSE, NORMAN E
8169 NE SR 47
HIGH SPRINGS FL 32643

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 *Norman E. Suisse*

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-00

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PVD
JONES, CLIF
2032 SYSSEX RD
WINTER PARK FL 32792 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD. ANGELICA
SUISSE, ANGELICA
8169 NE SR 47
HIGH SPRINGS FL 32643 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HOLETON, LARRY
ROUTE 21, BOX 5062
LAKE CITY FL ☐ Delete

TITLE
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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:

Angelica R Suisse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

Date

Daytime Phone #

704-454-2031
8520

CR2E037 (9/99)