

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002993

1. Entity Name

CAMP CADIMA CORPORATION

FILED
Jun 05, 2001 8:00 am
Secretary of State

06-05-2001 90027 033 ****61.25

Principal Place of Business

3600 MENENDEZ DR
PENSACOLA FL 32503

Mailing Address

3600 MENENDEZ DR
PENSACOLA FL 32503

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 **59-3543337**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, ROSS
3600 MENENDEZ DR
PENSACOLA FL 32503

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

(NOT: 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	D	<input type="checkbox"/> Delete
NAME	KATES, JANE	
STREET ADDRESS	1012 MALDONADO DR.	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEHRMAN, MARTIN	
STREET ADDRESS	4521 BOHEMIA DR.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMAN, ROSS	
STREET ADDRESS	316 S. BAYLEN ST.	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)