

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91471 019 \*\*\*150.00

**DOCUMENT # P01000076249**

1. Entity Name

**COMMUNITY CONNECTION SUPPORT SERVICES OF ORLANDO INC**

Principal Place of Business

**5100 W. COLONIAL DR  
 235  
 ORLANDO FL 32808**

Mailing Address

**5100 W. COLONIAL DR  
 235  
 ORLANDO FL 32808**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**Support Coordination**

Suite, Apt. #, etc.

**2001 Mercy Dr. #100**

3. Mailing Address

**5100 W. Colonial Dr. #235**

Suite, Apt. #, etc.

**235**

City & State

**Orlando, Florida**

City & State

**Orlando, Florida**

4. FEI Number

**59-3734314**

Applied For

Not Applicable

Zip

**32808**

Country

**Orange**

Zip

**32808**

Country

**Orange**

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PHILLIPS-HOLLIS, NICOLE  
 4219 LAKE RICHMOND DR  
 ORLANDO FL 32811**

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

**Nicole Phillips Hollis**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04-15-02**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOLLIS-PHILLIPS, NICOLE</b> <b>4219 LAKE RICHMOND DR</b> <b>ORLANDO FL 32811</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MILLER, TARA</b> <b>2705 GREENFIELD AVE</b> <b>ORLANDO FL 32808</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALMOND-TUCKER, DESIREE</b> <b>7606 TELEGRAPH HILL</b> <b>ORLANDO FL 32808</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOLLIS, A</b> <b>5100 W. COLONIAL DR</b> <b>ORLANDO FL 32808</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOLLER, CECIL</b> <b>903 LAKE DARBY BV</b> <b>GOTHA FL 34734</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Sherry Priester Paramore</b> <b>4543 Ligustrum</b> <b>Orlando, FL 32839</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Cecil Holler, Jr.</b> <b>107 Lake Darby</b> <b>Gotha, FL 34734</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Nicole Phillips Hollis**

**Nicole Phillips-Hollis 4-15-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)