

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90273 012 ***150.00

DOCUMENT # P93000054782

1. Entity Name

CCO MANAGEMENT, INC.

Principal Place of Business

**6823 S.E. 12TH CIRCLE
SUITE 503
OCALA FL 34480
US**

Mailing Address

**6823 SE 12TH CIRCLE
OCALA FL 34480
US**

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 **59-3219289**

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****WILSON, ROBERT D
954 EAST SILVER SPRINGS BLVD
OCALA FL 34470**

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

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	WEST, B. DUKE	
STREET ADDRESS	1205 S.W. 42ND STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUCY, STEVE	
STREET ADDRESS	2210 SE LAUREL RUN DR	
CITY-ST-ZIP	OCALA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WOLLETT, FREDERIC	
STREET ADDRESS	6950 SE 12TH TERR	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCDONIELS, MICHAEL	
STREET ADDRESS	2236 LAUREL RUN DR	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEIN, RICHARD	
STREET ADDRESS	19323 PARK PLACE BLVD	
CITY-ST-ZIP	EUSTIS FL 32726	
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
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael McDaniels, Treas. 4/16/01 352-237-6644

CR2E034 (10/00)