

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000055323

1. Entity Name

C.C. BY RUTHIE & ME, INC.

Principal Place of Business

7416 OAK RUN LN  
SARASOTA, FL 34243

Mailing Address

6489 PARKLAND DR.  
SARASOTA, FL 34243

2. Principal Place of Business

3. Mailing Address

7648 LOCKWOOD RIDGE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA, FL 34243

4. FEI Number

65-0419064

Applied For

Not Applicable

Zip

Country

Zip

34243

Country

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

HOWARD R. WOMELDORPH,  
6489 PARKLAND DR.  
SARASOTA, FL 34243

Name

Street Address (P.O. Box Number is Not Acceptable)

7648 LOCKWOOD RIDGE ROAD

SARASOTA,

FL

34243

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

*Howard Womeldorph*

Howard Womeldorph

4/2/00

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, 2000 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  
NAME RICHARD MCCANN  
STREET ADDRESS 7416 OAK RUN LN  
CITY-ST-ZIP SARASOTA, FL 34243

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME JON PIERATT  
STREET ADDRESS 2833 NEW PROVIDENCE RD.  
CITY-ST-ZIP FALLS CHURCH, VA

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T  
NAME JENNIFER MCREYNOLDS  
STREET ADDRESS 655 ALLENS LANDING DR.  
CITY-ST-ZIP LAWRENCEVILLE, GA

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME RUTH MCCANN  
STREET ADDRESS 12332 WOOD SAGE TERR  
CITY-ST-ZIP BRADENTON, FL. 34202

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard McCann

4/21/00

Date

Daytime Phone #

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90001 005 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)