

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90111 006 ***150.00

0416572

DOCUMENT # P93000055323

1. Entity Name

C.C. BY RUTHIE & ME, INC.

Principal Place of Business

**7416 OAK RUN LN
 SARASOTA FL 34243
 US**

Mailing Address

**7648 LOCKWOOD RIDGE ROAD
 SARASOTA FL 34243
 US**

2. Principal Place of Business

12332 WOOD SAGE TERRACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

4. FEI Number

65-0419064

Applied For

Not Applicable

Zip

Country

Zip

Country

34202

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WOMELDORPH, HOWARD R
 7648 LOCKWOOD RIDGE ROAD
 SARASOTA FL 34243**

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.

(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

TITLE **P** ☐ Delete
 NAME **MCCANN, RICHARD**
 STREET ADDRESS **7416 OAK RUN LN**
 CITY-ST-ZIP **SARASOTA FL**

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

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

TITLE **M** ☐ Delete
 NAME **MCCANN, RUTH**
 STREET ADDRESS **12332 WOOD SAGE TERRACE**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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

Richard McCann

Date

Daytime Phone #

1-941-757-7464

CR2E034 (10/00)

