

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000025878

1. Entity Name

CCMSB, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90093 027 ***150.00

Principal Place of Business

157 WILL DUKE RD.
WAUCHULA FL 33873
US

Mailing Address

P.O. BOX 789
WAUCHULA FL 33873-0789
US

2. Principal Place of Business

201 Celebration Blvd.
Suite, Apt. #, etc.

3. Mailing Address

201 Celebration Blvd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Celebration FL
Zip 34747 Country U.S.A.

City & State

Celebration FL
Zip 34747 Country U.S.A.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKIBBEN, JEFF J ESQ.
106 SOUTH 5TH AVENUE
WAUCHULA FL 33873

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, 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

TITLE PD
NAME BOSWELL, CARRIE C
STREET ADDRESS 704 HAWIAN DR.
CITY-ST-ZIP WAUCHULA FL 33873 ☐ Delete

TITLE VPSD
NAME BOSWELL, M. SHANNON
STREET ADDRESS 704 HAWIAN DR.
CITY-ST-ZIP WAUCHULA FL 33873 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
201 Celebration Blvd.
Celebration, FL 34747

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
201 Celebration Blvd.
Celebration, FL 34747

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CITY-ST-ZIP ☐ Change ☐ Addition

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: Carrie C. Boswell Carrie C. Boswell, Pres. 4-24-00 407-566-9419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)