

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90228 035 \*\*\*550.00

**DOCUMENT # P95000046618**

1. Entity Name

CCR OF MELBOURNE, INC.

Principal Place of Business

1800 WEST HIBISCUS BOULEVARD  
 SUITE 138  
 MELBOURNE FL 32901

Mailing Address

1800 WEST HIBISCUS BOULEVARD  
 SUITE 138  
 MELBOURNE FL 32901

2. Principal Place of Business

705 S. Harbor City Blvd.

Suite, Apt. #, etc.

3. Mailing Address

705 S. Harbor City Blvd.

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

MELBOURNE FL

Zip

32901

Country

USA

Zip

32901

Country

USA

4. FEI Number

59-3094325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

NOHRR, D.A.

1800 W. HIBISCUS BLVD., SUITE 138  
 MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

CHRIS ROMANDETTI

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

705 S. Harbor City Blvd.

City

MELBOURNE

FL

Zip Code

32901

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

*Chris Romandetti*

CHRIS ROMANDETTI

7/19/01

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
 PSTD  
 ROMANDETTI, CHRISTIAN C  
 917 S RIVERSIDE DR  
 INDIALANTIC FL 32903 ☐ 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

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

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 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:

*Chris Romandetti*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)