

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067560

1. Entity Name

CCH VIRGINIA I, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90133 023 \*\*\*158.75

Principal Place of Business

Mailing Address

4243 NORTHLAKE BLVD SUITE D  
PALM BEACH GDNS FL 33410

4243 NORTHLAKE BLVD SUITE D  
PALM BEACH GDNS FL 33410-6276

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 65-0603886

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAROT, DILIP  
4243 NORTHLAKE BLVD SUITE D  
PALM BEACH GDNS FL 33410

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 SVP  
NAME WIER, JOHN F  
STREET ADDRESS 4243-D NORTHLAKE BLVD.  
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Delete

TITLE VP  
NAME WHEAT, TIMOTHY P  
STREET ADDRESS 4243-D NORTHLAKE BLVD.  
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Delete

TITLE S  
NAME LANCZI, ANITRA D  
STREET ADDRESS 4243-D NORTHLAKE BLVD.  
CITY-ST-ZIP PALM BEACH GARDENS FL ☒ Delete

TITLE TDP  
NAME BAROT, DILIP  
STREET ADDRESS 4243-D NORTHLAKE BLVD.  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ 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 S  
NAME kakkar, Yashpal  
STREET ADDRESS 4243-D Northlake Blvd  
CITY-ST-ZIP Palm Beach Gardens FL 33410 ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Yash Palkar* See 4/10/00 561-627-7988