Daytime Phone #

Date

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P95000067560								FILED						
1. Entity Name CCH VIRGINIA I, INC.							02 JAN 29 AM II: 07						Ş	
				Rw	er Da	RS	SI	ECRETAI	RY OF	STATE	• .			
Principal Place of Business Mailing Address						-	TALLAHASSEE, FLORIDA							
4243 NORTHLAKE BLVD SUITE D 4243 NORTHLAKE BLVD SUITE D PALM BEACH GDNS FL 33410 PALM BEACH GDNS FL 33410										•				
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2 Principal F	Place of Business		3. Mailing Address											
z. mincipai r			5. Islandy Address											
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE							
City & State			City & State				4. FEI Number 65-0603886 Applied For Not Applicable							
Zip Country			Zip	ntry		5. Certificate	of Status De	sired		\$8.75 Ad	iditional	<u> </u>		
6. Name and Address of Current			gistered Agent				7. Name and Address of New Registered Agent							
DADOT	DU ID				Name									
BAROT, I	dilip RTHLAKE BLVD SU	IITE D	Street Addres			ddress (P.0	D. Box Numbe	r is Not Acc	eptable)				٦	
PALM BEACH GDNS FL 33410														
					City		v			FL	Zip Coo	de	7	
8. The above	named entity submits	s this statement for t	he purpose of changing it	s register	ed office or	registered	agent, or bot	h, in the Sta	te of Florid	da,			7	
SIGNATURE														
	Signature, typed or printed ha	ame of registered agent and	title if applicable (NO	TE: Registere	d Agent signatur	re required wh	en reinstating)			DATE				
•	oration is eligible to sa requirement and elect	-	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00					ction Campa	-			00 May Be		
_	ria on back)		Make Check Paya			of State		st Fund Con				d to Fees		
11. TITLE	SVP	OFFICERS AND DI	RECTORS Delete	12. TITU			ADDITIONS/	CHANGES 1	O OFFIC	ERS AND	DIRECTOF Change	RS IN 11	<u>_</u> =	
NAME	WIER, JOHN F		Delete	NAM	iE [onango		" (6) " (6)	
STREET ADDRESS CITY-ST-ZIP	4243-D NORTHLA PALM BEACH GA				ET ADDRESS -ST-ZIP				4	•			CR2E034 (9/01	
TITLE	VP		☐ Delete	TiTLE					7		Change	Additio	<u>. </u>	
NAME STREET ADDRESS	WHEAT, TIMOTHY P ADDRESS 4243-D NORTHLAKE BLVD.			NAM STRI	ET ADDRESS		60000			840	76-	7		
CITY-ST-ZIP	PALM BEACH GARDENS FL			CITY	-ST-ZIP				/07/0 **158		0020	107 18		
TITLE NAME	TDP Barot, Dilip		☐ Delete	TITLE NAM	- 1			de de	**1.00	٠ ١٠٠	Chānge	''□' #Oditio	n .	
STREET ADDRESS CITY-ST-ZIP	4243-D NORTHLA				ET ADDRESS -ST-ZIP									
TITLE	PALM BEACH GA	HUENS FE 334 IL	Delete	TITLE			.				Change	Additio	n	
NAME STREET ADDRESS	KAKKAR, YASHP			NAM	E ET ADDRESS									
CITY-ST-ZIP	4243-D NORTHLA PALM BEACH GA)		-ST-ZIP									
T(⊈E			☐ Delete	TITLE							☐ Change	Addition	a	
Name Street address				NAM! STRE	ET ADDRESS									
CITY-ST-ZIP					-ST-ZIP								4	
title Name			☐ Delete	TITLE NAM							☐ Change	Addition	1	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP									
	L certify that the informa	tion supplied with th	is filing does not qualify for		J.	ed in Section	on 119.07(3)(i), Florida Sta	atutes. I fu	rther certi	fy that the i	nformation	-	
of the cor changed.	on this report or supproration or the receive poration or the receive , or on an attachment	piemental report is tri er or trustee empowi with an address, with	is filing does not qualify four ue and accurate and that ered to execute this repor hall offer like employere;	my signat t as requii	ure snall ha red by Chap	ave the san pter 607, F	ne iegai ettect Iorida Statutes	as if made s; and that n	under oat ny name a	n; that I ai ippears in	m an office Block 11 c	r or airector or Block 12 if		
	Yash, Pa	al Kakkar, Secr	etaryk - Jan Jan Jan Jan	M	Ma	\supseteq	1/	17/02	(561) 6	27-798	8			
SIGNAT	UNE:			الكوكا وحدالك									- 1	