

2001 UNIFORM BUSINESS REPORT (UBR)

C 3035

DOCUMENT # P96000017378

1. Entity Name

~~CCH GRAND, INC.~~

CCH Jefferson-Madison II, Inc. *done 1/23/01*

Principal Place of Business

4243 NORTHLAKE BLVD STE D
PALM BEACH GARDENS FL 33410

Mailing Address

4243 NORTHLAKE BLVD STE D
PALM BEACH GARDENS FL 33410

FILED

01 JAN 23 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0663756

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAROT, DILIP
4243 NORTHLAKE BLVD STE D
PALM BEACH GARDENS 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 ☐ Change ☐ Addition
500003576585--3
-01/26/01--01058--004
****158.75 ****158.75

TITLE SVP
NAME WEIR, JOHN F
STREET ADDRESS 4243 NORTHLAKE BLVD STE D
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

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

TITLE VP
NAME WHEAT, TIMOTHY P
STREET ADDRESS 4243 NORTHLAKE BLVD STE D
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

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

TITLE S
NAME KAKKAR, YASHPAL
STREET ADDRESS 4243 NORTHLAKE BLVD STE D
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Yash Pal Kakkar

1-16-01

Date

561-627-7988

Daytime Phone #

CR2E034 (10/00)