

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000021269

1. Entity Name

CONTEMPORARY CONSTRUCTION SOUTHEAST, INC.

Principal Place of Business

Mailing Address

325 WALKER ST  
HOLLY HILL FL 32117

325 WALKER ST  
HOLLY HILL FL 32117-2734

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

59-3364828

Applied For

Not Applicable

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

DAUGHERTY, T. PATRICK  
325 WALKER ST  
HOLLY HILL FL 32117

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

*T. P. Daugherty*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Delete
NAME	DAUGHERTY, T. PATRICK	
STREET ADDRESS	30 DIX AVENUE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DAUGHERTY, N. KRISTINE	
STREET ADDRESS	30 DIX AVENUE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	OM	<input type="checkbox"/> Delete
NAME	TEEPE, WILLIAM F	
STREET ADDRESS	10 TRAIL RUN	
CITY-ST-ZIP	FLGLER BEACH FL 32137	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TEEPE, CAROL A	
STREET ADDRESS	10 TRAIL RUN	
CITY-ST-ZIP	FLGLER BEACH FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T. Patrick Daugherty	
STREET ADDRESS	325 Walker St.	
CITY-ST-ZIP	Holly Hill, FL 32117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William F. Teepe	
STREET ADDRESS	325 Walker Street	
CITY-ST-ZIP	Holly Hill, FL 32117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*T. P. Daugherty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00  
Date

904-672-0555  
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)