

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000021671

1. Entity Name

CHRISTOPHER COVE TWO, INC.

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90035 025 ***150.00

Principal Place of Business

Mailing Address

1730 KINGSLEY AVE. SUITE E
ORANGE PARK FL 32073
US

1730 KINGSLEY AVE. SUITE E
ORANGE PARK FL 32073-7868
US

2. Principal Place of Business

4729 US HIGHWAY 17

3. Mailing Address

4729 US HIGHWAY 17

Suite, Apt. #, etc.

SUITE 204

Suite, Apt. #, etc.

SUITE 204

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

Zip

Country

32073

Zip

Country

32073

4. FEI Number

59-3367646

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

WOOD, JAMES R
1730 KINGSLEY AVE.
SUITE E
ORANGE PARK FL 32073

Name

Street Address (P.O. Box Number is Not Acceptable)
4729 US HIGHWAY 17

SUITE 204

City

ORANGE PARK

FL

Zip Code
32073

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS WOOD, JAMES R
CITY-ST-ZIP 1730 KINGSLEY AVE. SUITE E.
ORANGE PARK FL 32073

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4729 US HIGHWAY 17, SUITE 204
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-2000

Date

Daytime Phone #

CR2E034 (9/99)