2001 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # P96000024349

1. Entity Name

CBC Management Corporation

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR -2 AM 10:39

Principal Place of Business	Mailing Address
301 N.W. 4th Ave. Okeechobee, FL 34972 US	P.O. Box 2558 Okeechobee, FL 34973 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
301 N.W. 4th Ave.	P.O. Box 2558
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okeechobee, FL	City & State: Okeechobee, FL
Zip: 34972 Country: U.S.A.	Zip: 34973 Country: U.S.A.

4. FEI Number: 65-0647566 ☐ 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
Close, Chris 312 SW 2nd St. Okeechobee, FL 34974	Name: Thomas C. Close Street Address (P.O. Box Number is Not Acceptable): 301 N.W. 4th Ave. City: Okeechobee **FL** Zip Code: 34972

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 _____ 2/21/2001
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) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D Close, Chris P.O. Box 2558 Okeechobee, FL 34973	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Director Thomas C. Close 301 N.W. 4th Ave. Okeechobee, FL 34972 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Close, Thomas 406 NW 3rd St Okeechobee, FL 34974	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Thomas L. Close 301 N.W. 4th Ave. Okeechobee, FL 34972 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800003819388--6 -03/08/01--01101--002 *****61.25 *****61.25
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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: _____ 2/21/01 (863) 467-0831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #