

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**  
 09-07-2000 90061 036 \*\*\*550.00

**DOCUMENT # P97000040609**

**1. Entity Name**  
**SEVEN C'S OF PALM CITY, INC.**

**Principal Place of Business**  
 4891 SW PARKGATE BLVD.  
 PALM CITY FL 34990

**Mailing Address**  
 4891 SW PARKGATE BLVD.  
 PALM CITY FL 34990

**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** 65-0768871

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**

**KESKE, CARL D**  
**4891 SW PARKGATE BLVD.**  
**PALM CITY FL 34990**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing -** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD ☒ **Delete**  
**NAME** KESKE, CARL D  
**STREET ADDRESS** 4891 SW PARKGATE BLVD.  
**CITY-ST-ZIP** PALM CITY FL 34990

**TITLE** D ☐ **Change** ☒ **Addition**  
**NAME** KESKE CARL D  
**STREET ADDRESS** 4891 SW PARKGATE BLVD  
**CITY-ST-ZIP** PALM CITY FL 34990

**TITLE** STD ☐ **Delete**  
**NAME** KESKE, CAROL H  
**STREET ADDRESS** 4891 SW PARKGATE BLVD.  
**CITY-ST-ZIP** PALM CITY FL 34990

**TITLE** P ☐ **Change** ☒ **Addition**  
**NAME** KESKE, CAROL H  
**STREET ADDRESS** 4891 SW PARKGATE BLVD  
**CITY-ST-ZIP** PALM CITY FL 34990

**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**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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**  
**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**

**AUG 18 2000**

Date

Daytime Phone #

CR2E034 (5/00)