

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075673

1. Entity Name

CCAS CORPORATION

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90014 001 ***300.00

Principal Place of Business

3501 DEL PRADO BLVD., STE. 205
CAPE CORAL FL 33904-4134

Mailing Address

3501 DEL PRADO BLVD., STE. 205
CAPE CORAL FL 33904-7222

2. Principal Place of Business

3501 DEL PRADO BLVD

3. Mailing Address

3501 DEL PRADO BLVD

Suite, Apt. #, etc.

SUITE 302

Suite, Apt. #, etc.

SUITE 302

City & State

CAPE CORAL FLORIDA

City & State

CAPE CORAL FLORIDA

4. FEI Number

65-0777164

Applied For

Not Applicable

Zip

33904-7222

Country

USA

Zip

33904-7222

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARROW, PAUL L
3501 DEL PRADO BLVD., STE. 205
CAPE CORAL FL 33904-4134

7. Name and Address of New Registered Agent

Name

LARROW, PAUL L.

Street Address (P.O. Box Number is Not Acceptable)

3501 DEL PRADO BLVD., SUITE 302

City

CAPE CORAL

FL

Zip Code
33904

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

PAUL L. LARROW

25 APRIL 2000

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

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | DP | XXX Delete |
| NAME | FAYER, ALLEN G | |
| STREET ADDRESS | 5260 S. LANDINGS DR. #703 | |
| CITY-ST-ZIP | FT. MYERS FL 33919-4676 | |
| TITLE | DST | <input type="checkbox"/> Delete |
| NAME | LORROW, PAUL L | |
| STREET ADDRESS | 403 SE 32 ST. | |
| CITY-ST-ZIP | CAPE CORAL FL 33904-4134 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DPT | XXX Change <input type="checkbox"/> Addition |
| NAME | LARROW, PAUL L. | |
| STREET ADDRESS | 403 SE 32ND STREET | |
| CITY-ST-ZIP | CAPE CORAL, FLORIDA 33904-4134 | |
| TITLE | -DS- | <input type="checkbox"/> Change XXX Addition |
| NAME | LARROW, JUDY M. | |
| STREET ADDRESS | 403 SE 32ND STREET | |
| CITY-ST-ZIP | CAPE CORAL, FLORIDA 33904-4134 | |
| 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 | | |
| 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:

PAUL L. LARROW

25 APRIL 2000

941-542-2558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)