

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006609

1. Entity Name

CCMSBII, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90104 002 ***150.00

Principal Place of Business

Mailing Address

704 HAWAIIAN DRIVE
 WAUCHULA FL 33873

P.O. BOX 789
 WAUCHULA FL 33873-0789

725525



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

201 Celebration Blvd.

3. Mailing Address

201 Celebration Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Celebration FL

City & State

Celebration FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

34747

U.S.A.

Zip

Country

34747

U.S.A.

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

BOSWELL, SHANNON
 704 HAWAIIAN DRIVE
 WAUCHULA FL 33873

Name

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

201 Celebration Blvd.

City Celebration

FL

Zip Code

34747

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 PD
 NAME BOSWELL, CARRIE C
 STREET ADDRESS 704 HAWAIIAN DRIVE
 CITY-ST-ZIP WAUCHULA FL 33873

☐ Delete

TITLE
 NAME
 STREET ADDRESS 201 Celebration Blvd.
 CITY-ST-ZIP Celebration, FL 34747

☒ Change ☐ Addition

TITLE SVD
 NAME BOSWELL, SHANNON
 STREET ADDRESS 704 HAWAIIAN DRIVE
 CITY-ST-ZIP WAUCHULA FL 33873

☐ Delete

TITLE
 NAME
 STREET ADDRESS 201 Celebration Blvd.
 CITY-ST-ZIP Celebration, FL 34747

☒ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

CARRIE C. BOSWELL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carrie C. Boswell Pres. 4-2400 407-546-7111

CR2E034 (9/99)