

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019470

1. Entity Name
CCIC, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90033 046 ***150.00

Principal Place of Business

4925 THORNBRIAR PLACE
LAND O LAKES FL 34639

Mailing Address

4925 THORNBRIAR PLACE
LAND O LAKES FL 34639-6129

80015505

2. Principal Place of Business

9631 LANDO'LAKES BLVD

3. Mailing Address

P.O. Box 579

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LANDO'LAKES, FL

City & State

LAND O'LAKES, FL

4. FEI Number

59-3495438

Applied For

Not Applicable

Zip

34639

Country

USA

Zip

34639

Country

USA

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

WILLIAMS, HAROLD R
4925 THORNBRIAR PLACE
LAND O LAKES FL 34639

Name
MELISSA B. WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)
9631 LANDO'LAKES BLVD.

City
LANDO'LAKES FL Zip Code
34639

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
HAROLD R. WILLIAMS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

1-31-00

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
WILLIAMS, HAROLD R
STREET ADDRESS
4925 THORNBRIAR PLACE
CITY-ST-ZIP
LAND O LAKES FL 34639 ☒ Delete

TITLE
PRESIDENT
NAME
MELISSA B. WILLIAMS
STREET ADDRESS
9631 LANDO'LAKES BLVD.
CITY-ST-ZIP
LANDO'LAKES, FL 34639 ☒ Change ☐ Addition

TITLE
VP
NAME
WILLIAMS, MELISSA B
STREET ADDRESS
4925 THORNBRIAR PL
CITY-ST-ZIP
LAND O LAKES FL 34639 ☒ Delete

TITLE
V.P. SECRETARY/TREASURER
NAME
HAROLD R. WILLIAMS
STREET ADDRESS
9631 LAND O'LAKES BLVD.
CITY-ST-ZIP
LANDO'LAKES, FL 34639 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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 an other like empowered.

SIGNATURE: *Melissa B. Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELISSA B. WILLIAMS 9969995
Date 1-31-00 Daytime Phone #