

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080988

1. Entity Name

CAREER COLLABORATION RESOURCE CENTER, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90172 040 ***150.00

Principal Place of Business

Mailing Address

5878 DOGWOOD DRIVE
ORLANDO FL 32807

5878 DOGWOOD DRIVE
ORLANDO FL 32807-3218

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 59-3531071

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

PENDLETON, OSCAR
5878 DOGWOOD DRIVE
ORLANDO FL 32807

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 \$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 NAME CAESAR, JOEANN B ☐ Delete
STREET ADDRESS 5878 DOGWOOD DRIVE
CITY-ST-ZIP ORLANDO FL 32807

TITLE NAME President Vice ☐ Change ☒ Addition
STREET ADDRESS Beckman, Carl Ph.D.
CITY-ST-ZIP 3015 Drema Drive
St. Cloud, FL 34769

TITLE NAME PENDLETON, OSCAR ☐ Delete
STREET ADDRESS 2425 MARSHALL ST
CITY-ST-ZIP SANFORD FL 32771

TITLE NAME Secretary ☐ Change ☒ Addition
STREET ADDRESS Beckman, Stephanie
CITY-ST-ZIP 3015 Drema Dr
St. Cloud, FL 34769

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Pat Geran, Treasurer ☐ Change ☒ Addition
STREET ADDRESS Geran, Patrick
CITY-ST-ZIP 5421 Diplomat Cty
Orlando, FL 32810

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME President ☒ Change ☐ Addition
STREET ADDRESS CAESAR, JoeAnn B
CITY-ST-ZIP 5878 Dogwood Dr
Orlando, FL 32807

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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

Date

Daytime Phone #

4/25/00 407-208-7646

CR2E034 (9/99)