

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 am  
Secretary of State

02-08-2000 90054 007 \*\*\*150.00

DOCUMENT # P98000099660

1. Entity Name

C.C. HOLIDAY, INC.

Principal Place of Business

Mailing Address

2128 SW 47TH TERRACE  
CAPE CORAL FL 33904

2128 SW 47TH TERRACE  
CAPE CORAL FL 33914-6741

2. Principal Place of Business

1204 SE 31<sup>st</sup> Street

3. Mailing Address

1204 SE 31<sup>st</sup> Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

Country

Zip

Country

4. FEI Number

65-0877534

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DESBAILLETS, ANETTE  
424 SW 37TH TERRACE  
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name Dr. Jürgen Hartwich  
Street Address (P.O. Box Number is Not Acceptable)  
2128 SW 47th Terrace

City Cape Coral FL Zip Code 33914

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  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PVST  
NAME HINZ, HEINZ-ULRICH  
STREET ADDRESS 2128 SW 47TH TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE D  
NAME HINZ, HEINZ-ULRICH  
STREET ADDRESS 2128 SW 47TH TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST  
NAME Hinz, Heinz-Ulrich  
STREET ADDRESS 1204 SE 31<sup>st</sup> Street  
CITY-ST-ZIP Cape Coral, FL 33904 ☒ Change ☐ Delete

TITLE D  
NAME Hinz, Heinz-Ulrich  
STREET ADDRESS 1204 SE 31<sup>st</sup> Street  
CITY-ST-ZIP Cape Coral, FL 33904 ☒ Change ☐ Delete

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

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

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

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

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 changed, or on an attachment with an address, with another like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-541-0171

Power of Attorney