

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

C & C Enterprises of Tampa, Inc

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90039 043 \*\*\*150.00

**80085158**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6508 King Palm Drive  
Apollo Beach, FL 33572

2. Principal Place of Business

904 Golf Island Drive  
Suite, Apt. #, etc.

3. Mailing Address

904 Golf Island Drive  
Suite, Apt. #, etc.

City & State

Apollo Beach, FL

Zip

33572

Country

Hillsborough

City & State

Apollo Beach, FL

Zip

33572

Country

Hillsborough

4. FEI Number

59-3552354

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Curtiss V. Kuntz  
904 Golf Island Drive  
Apollo Beach, FL 33572

7. Name and Address of New Registered Agent

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)

4-21-2000

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	Vice President	<input checked="" type="checkbox"/> Delete
NAME	Christopher Brenas	
STREET ADDRESS	5545 34th Court E	
CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	Treasurer	<input checked="" type="checkbox"/> Delete
NAME	Beverly Talefco	
STREET ADDRESS	5545 34th Court E	
CITY-ST-ZIP	Bradenton, FL 34203	
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	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Machelle Corbin Kuntz	
STREET ADDRESS	904 Golf Island Drive	
CITY-ST-ZIP	Apollo Beach, FL 33572	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curtiss V. Kuntz	
STREET ADDRESS	904 Golf Island Drive	
CITY-ST-ZIP	Apollo Beach, FL 33572	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

Date

813-649-0444

Daytime Phone #

CR2E034 (9/99)