

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

03-31-2003 90176 034 ***150.00

DOCUMENT # P99000041662

1. Entity Name
CCLC MANAGEMENT COMPANY, INC.



Principal Place of Business
**150 WESTON ROAD
SUNRISE FL 33326**

Mailing Address
**150 WESTON ROAD
SUNRISE FL 33326**

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 **65-0930192**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CCLC Mgmt. Co. Inc.
150 WESTON RD.
SUNRISE FL 33326

Name **JOAN AUFRICHTIG**
Street Address (P.O. Box Number is Not Acceptable)
150 WESTON RD

City **SUNRISE**

FL

Zip Code **33326**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joan Aufrechtig *4/21/03*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	AGER, BRIAN	
STREET ADDRESS	150 WESTON ROAD	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	V	<input type="checkbox"/> Delete
NAME	AGER, EILEEN	
STREET ADDRESS	150 WESTON ROAD	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	ST	<input type="checkbox"/> Delete
NAME	AUFRICHTIG, JOAN	
STREET ADDRESS	150 WESTON ROAD	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joan Aufrechtig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03

954-389-8245

Date

Daytime Phone

CFR2034 (10/02)