

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S02628

1. Entity Name

CCI OF SARASOTA, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90240 032 ***150.00

Principal Place of Business

3100 WHITFIELD AVE
 SARASOTA FL 34243

Mailing Address

~~P.O. BOX 1546~~
 TALLEHAST FL 34270-1546

2. Principal Place of Business

3. Mailing Address

3100 Whitfield Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA, FL

Zip

Country

Zip

Country

34243

4. FEI Number

59-3034489

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

CROFUT, RASHELLE R
 11930 RIVER ROAD
 MYAKKA CITY FL 34251

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 use 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 PT ☐ Delete
 NAME CROFUT, RASHELLE R
 STREET ADDRESS 11930 RIVER ROAD
 CITY-ST-ZIP MYAKKA CITY FL

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

TITLE VS ☒ Delete
 NAME CROFUT, LUELLA M.
 STREET ADDRESS 5750 FRUITVILLE RD.
 CITY-ST-ZIP SARASOTA FL

TITLE VS ☒ Change ☐ Addition
 NAME CROFUT, SCOTT A
 STREET ADDRESS 11930 River Rd
 CITY-ST-ZIP MYAKKA CITY, FL 34251

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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

4/27/00

Date

(941) 756-7721

Daytime Phone #