

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S89854**

1. Entity Name

CAPITAL COMMUNICATIONS OF AMERICA CORPORATION

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91338 043 ***150.00

Principal Place of Business

**1118 MERCER DR
TALLAHASSEE FL 32312
US**

Mailing Address

**P.O. BOX 3375
TALLAHASSEE FL 32315
US**

2. Principal Place of Business

**1745 Crowder Rd
Suite, Apt. #, etc.**

3. Mailing Address

**1745 Crowder Rd
Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

DeFuniak Spgs

City & State

DeFuniak Spgs.

4. FEI Number

59-3099260

Applied For

Not Applicable

Zip

32433

Country

US

Zip

32433

Country

US

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

**BUCHANAN, JOHN D. JR.
HENRY, BUCHANAN, MICK & ENGLISH, P.A.
117 SOUTH GADSDEN STREET
TALLAHASSEE FL 32301**

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, 2001 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 **PD** ☐ Delete
NAME **RAY, GLENN L. PHD.**
STREET ADDRESS **1118 MERCER DR**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1745 Crowder Rd**
CITY-ST-ZIP **DeFuniak Spgs, FL 32433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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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: Glenn L. Ray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/01

Date

850-859-2347

Daytime Phone #

CR2E034 (10/00)