

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 377364**

1. Entity Name

COMFED, INC.**FILED****Mar 06, 2000 8:00 am**
Secretary of State

03-06-2000 90129 024 ***150.00

Principal Place of Business

Mailing Address

**660 US HWY ONE
N PALM BCH FL 33408****P.O. BOX 10673
RIVIERA BEACH FL 33419-0673
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1383342

Applied For

Not Applicable

Zip

Country

Zip

Country

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****CROMWELL, ROBERT F
660 US HIGHWAY ONE
N PALM BCH FL 33408**

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, 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 **VD** ☐ Delete
NAME **TEED, FREDERICK A**
STREET ADDRESS **431 OYSTER RD**
CITY-ST-ZIP **N. PALM BCH FL**TITLE **Director** ☐ Change ☒ Addition
NAME **Karl D. Griffin**
STREET ADDRESS **660 U.S. Highway One**
CITY-ST-ZIP **North Palm Beach, FL 33408**TITLE **S** ☐ Delete
NAME **ROUSSEAU, DEBORAH**
STREET ADDRESS **709 LIGHTHOUSE DRIVE**
CITY-ST-ZIP **N.PALM BCH. FL**TITLE **Vice President** ☐ Change ☒ Addition
NAME **Michael E. Reinhardt**
STREET ADDRESS **660 U.S. Highway One**
CITY-ST-ZIP **North Palm Beach, FL 33408**TITLE **ASD** ☐ Delete
NAME **BEATY, FOREST C JR**
STREET ADDRESS **1445 FLAGLER BLVD**
CITY-ST-ZIP **LAKE PARK FL**TITLE **Vice President** ☐ Change ☒ Addition
NAME **Mary L. Kaminske**
STREET ADDRESS **660 U.S. Highway One**
CITY-ST-ZIP **North Palm Beach, FL 33408**TITLE **PD** ☐ Delete
NAME **PITTARD, JAMES B JR**
STREET ADDRESS **1632 SE COLONY WAY**
CITY-ST-ZIP **JUPITER FL 33478**TITLE **Assistant Secretary** ☐ Change ☒ Addition
NAME **Trina L. Miles**
STREET ADDRESS **660 U.S. Highway One**
CITY-ST-ZIP **North Palm Beach, FL 33408**TITLE **V** ☐ Delete
NAME **HOWARD, CECIL F JR**
STREET ADDRESS **2251 QUAIL RIDGE**
CITY-ST-ZIP **PALM BCH GDNS FL**TITLE **V** ☒ Change ☐ Addition
NAME **Cecil F. Howard, Jr.**
STREET ADDRESS **660 U.S. Highway One**
CITY-ST-ZIP **North Palm Beach, FL 33408**TITLE **T** ☐ Delete
NAME **BAKER, LARRY J**
STREET ADDRESS **5577 GUN CLUB RD**
CITY-ST-ZIP **W PALM BCH FL**TITLE **T** ☒ Change ☐ Addition
NAME **Larry J. Baker**
STREET ADDRESS **660 U.S. Highway One**
CITY-ST-ZIP **North Palm Beach, FL 33408**

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 of 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

Date

Daytime Phone #

CR2E034 (9/99)

077364

Attachment

00034277

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Frederick A. Teed 660 U.S. Highway One North Palm Beach, FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Deborah M. Rousseau 660 U.S. Highway One North Palm Beach, FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD Forest C. Beaty, Jr. 660 U.S. Highway One North Palm Beach, FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD James B. Pittard, Jr. 660 U.S. Highway One North Palm Beach, FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition