

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 377364

1. Entity Name

COMFED, INC.

Principal Place of Business

Mailing Address

660 US HWY ONE
N PALM BCH FL 33408

P.O. BOX 10673
RIVIERA BEACH FL 33419
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 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	AS	<input type="checkbox"/> Delete
NAME	TEED, FREDERICK A	
STREET ADDRESS	660 U.S. Highway One	
CITY-ST-ZIP	N. PALM BCH FL 33408	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROUSSEAU, DEBORAH	
STREET ADDRESS	660 U.S. Highway One	
CITY-ST-ZIP	N. PALM BCH FL 33408	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	BEATY, FOREST C JR	
STREET ADDRESS	1445 FLAGLER BLVD	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PITTARD, JAMES B JR	
STREET ADDRESS	660 U.S. Highway One	
CITY-ST-ZIP	N. Palm Beach, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOWARD, CECIL F JR	
STREET ADDRESS	660 U.S. HIGHWAY ONE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAKER, LARRY J	
STREET ADDRESS	660 U.S. HIGHWAY ONE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Trina L. Miles	
STREET ADDRESS	660 U.S. Highway One	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael E. Reinhardt	
STREET ADDRESS	660 U.S. Highway One	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harold I. Stevenson	
STREET ADDRESS	660 U.S. Highway One	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert F. Cromwell	
STREET ADDRESS	660 U.S. Highway One	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald P. Jaworski	
STREET ADDRESS	660 U.S. Highway One	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jo Sheldon Clark	
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 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

Date

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90019 020 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1383342** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (10/00)

Document #377364

#11 Officers and Directors and #12 Additions/Changes to Officers and Directors in #11

12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT Donna L. Sheppard 660 U.S. Highway One North Palm Beach, FL 33408		<input type="checkbox"/> Change <input checked="" 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
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