

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 542916

1. Entity Name  
CEFI, INC.

FILED  
Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90323 020 \*\*\*150.00

Principal Place of Business

800 WESTWOOD BLVD  
W HWY 426 STE D  
OVIEDO FL 32765-8849  
US

Mailing Address

800 WESTWOOD BLVD  
W HWY 426 STE D  
OVIEDO FL 32765-8849  
US

2. Principal Place of Business

209 Overlook Drive

Suite, Apt. #, etc.

3. Mailing Address

209 Overlook Drive

Suite, Apt. #, etc.

City & State

Chuluota, FL

City & State

Chuluota, FL

Zip

32766-9688

Country

Seminole

Zip

32766-9688

Country

Seminole

4. FEI Number 59-2092594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FELDER, IRVING M.  
444 SHEPHERD AVE  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
GOWELL, JOAN B  
518 GLENARDEN RD  
WINTER PARK, FL 00000 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BOYLSTON, EUGENE  
2407 NORFOLK AVE  
ORLANDO FL- ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
FELDER, IRVING M  
444 SHEPHERD AVE  
WINTER PARK FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

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

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:

Joan B. Gowell - Joan B Gowell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-01

Date

407  
971-0100

Daytime Phone #

CR2E034 (10/00)