

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760361

1. Entity Name

CBA CHARITIES, INC.

Principal Place of Business

244 E. PARK AVE
P.O. BOX 2368
LAKE WALES FL 33853

Mailing Address

244 E. PARK AVE
P.O. BOX 2368
LAKE WALES FL 33853

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-0039047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUMFELT, THOMAS
644 S. LAKESHORE BLVD.
LAKE WALES FL 33853

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RUMFELT, THOMAS
STREET ADDRESS 644 S. LAKESHORE BLVD.
CITY-ST-ZIP LAKE WALES FL ☐ Delete

TITLE SD
NAME RUMFELT, COLETTE C.
STREET ADDRESS 644 S. LAKESHORE BLVD.
CITY-ST-ZIP LAKE WALES FL ☐ Delete

TITLE D
NAME RUMFELT, CHAD
STREET ADDRESS 644 S. LAKESHORE BLVD.
CITY-ST-ZIP LAKE WALES FL ☐ Delete

TITLE D
NAME BUTLER, MICHAEL R-
STREET ADDRESS 6801 N. 54TH ST
CITY-ST-ZIP TAMPA FL 33601 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Thomas B. Rumfelt

1/16/01

(863) 676-1681



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)