

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 851800

1. Entity Name

CALIFORNIA FLORIDA CORPORATION

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90056 014 ***158.75

0325641

Principal Place of Business

330 ISLAND ROAD
PALM BEACH FL 33480

Mailing Address

330 ISLAND ROAD
PALM BEACH FL 33480

00036188



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-0793121

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

HUFTY, PAGE
330 ISLAND ROAD
PALM BEACH FL 33480

- Deceased

Name Frances A. Hufty (Effective 2/7/01)

Street Address (P.O. Box Number is Not Acceptable)

330 Island Road

City Palm Beach

FL

Zip Code 33480

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.

Frances A. Hufty

SIGNATURE

Vice President

April 9, 2001

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
NAME HUFTY, PAGE ☒ Delete
STREET ADDRESS 330 ISLAND RD.
CITY-ST-ZIP PALM BEACH FL 33480

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

TITLE AST
NAME LEIDY, FRANCES HUFTY ☐ Delete
STREET ADDRESS 105/133, 700 W. DOWNINGTOWN PIKE
CITY-ST-ZIP WEST CHESTER PA 19380

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

TITLE STV
NAME HUFTY, FRANCES ARCHBOLD ☐ Delete
STREET ADDRESS 330 ISLAND RD.
CITY-ST-ZIP PALM BEACH FL 33480

TITLE President, Director ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AST
NAME HUFTY, PAGE LEE ☐ Delete
STREET ADDRESS 340 ISLAND RD
CITY-ST-ZIP PALM BEACH FL 33480

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

TITLE AST
NAME HUFTY, JOHN A. ☐ Delete
STREET ADDRESS 1152 LAKE CLARKE DR
CITY-ST-ZIP W PALM BEACH FL

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

TITLE ATS
NAME HUFTY, MARY PAGE ☐ Delete
STREET ADDRESS 257 MAPACHE DR.
CITY-ST-ZIP PORTOLA VALLEY CA 94028

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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.

Frances Archbold Hufty

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 2001

Date

(561)655-6760

Daytime Phone #

CR2E034 (10/00)

Attachment # 851800
D0036188
HUFTY OFFICE

330 ISLAND ROAD
PALM BEACH, FLORIDA
33480

PHONE: (561) 655-6760

April 9, 2001

FAX: (561) 655-5071

Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

RE: 2001 UNIFORM BUSINESS REPORT FILING FEE AND CERTIFICATE OF STATUS
FEE, AND CHECK 5274 FOR \$158.75

FOR: CALIFORNIA FLORIDA CORPORATION

Gentlemen:

Enclosed please find the captioned tax items. Please acknowledge receipt by signing the enclosed copy of this letter and returning it to our office in the stamped, self-addressed envelope also enclosed.

Thank you.

Very truly yours,

CALIFORNIA FLORIDA CORPORATION

By: *S. Riley*

PH/gab

Enclosures

Received: _____

Date

By: _____