

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90003 042 ***158.75

DOCUMENT # F69751

1. Entity Name
C-FAMILY ENTERPRISES, INC.

Principal Place of Business 2947 CEDAR TRACE TARPON SPRINGS FL 34689	Mailing Address 2947 CEDAR TRACE TARPON SPRINGS FL 34689
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 108 4th AVE South Suite, Apt. #, etc.	3. Mailing Address 108 4th ave South Suite, Apt. #, etc.
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City & State SAFETY HARBOR	City & State SAFETY HARBOR
Zip 34695	Country PINELLAS
Zip 34695	Country PINELLAS

4. FEI Number 59-2685101	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CANAVAN, C. R.
 2947 CEDAR TRACE
 TARPON SPRINGS FL 34689**

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 *Canavan R Canavan* **01-04-01**
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME CANAVAN, C. ROBERT	
STREET ADDRESS 2947 CEDAR TRACE	
CITY-ST-ZIP TARPON SPRINGS FL	
TITLE VD	<input checked="" type="checkbox"/> Delete
NAME CANAVAN, JAYE C.	
STREET ADDRESS 2947 CEDAR TRACE	
CITY-ST-ZIP TARPON SPRINGS FL	
TITLE STD	<input checked="" type="checkbox"/> Delete
NAME CANAVAN, C. ROBERT	
STREET ADDRESS 2947 CEDAR TRACE	
CITY-ST-ZIP TARPON SPRINGS FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EDWARD HILL	
STREET ADDRESS 5800 APPLE TREE ROAD	
CITY-ST-ZIP HOLIDAY, FL, 34690	
TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHN BROWN	
STREET ADDRESS 3335 TARTAN ST. North	
CITY-ST-ZIP ST PETERSBURG, FLA 33713	
TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DANIEL C THOMPSON	
STREET ADDRESS 983 CYPRESS LAKE BLVD	
CITY-ST-ZIP TARPON SPRINGS, FL, 34689	
TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CANAVAN R CANAVAN	
STREET ADDRESS 2947 CEDAR TRACE	
CITY-ST-ZIP TARPON SPRINGS, FL, 34689	
TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CANAVAN R CANAVAN	
STREET ADDRESS 2947 CEDAR TRACE	
CITY-ST-ZIP TARPON SPRINGS, FL, 34689	
TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNETTA C CANAVAN	
STREET ADDRESS 2947 CEDAR TRACE	
CITY-ST-ZIP TARPON SPRINGS FL 34689	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Canavan R Canavan* **(CANAVAN R CANAVAN)** **01-04-01** **727-712-3438**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

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