

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90108 029 \*\*\*150.00

**DOCUMENT #** F96000003881

**1. Entity Name**

Cavanaugh Charters, Inc.

**Principal Place of Business**

**Mailing Address**

16885 Dallas Parkway  
Addison, Texas 75001  
US

16885 Dallas Parkway  
Addison, Texas 75001  
US

**2. Principal Place of Business**

16885 Dallas Parkway

Suite, Apt. #, etc.

**3. Mailing Address**

16885 Dallas Parkway

Suite, Apt. #, etc.

**City & State**

Addison, Texas 75001

**City & State**

Addison, Texas 75001

**4. FEI Number**

75-2650805

**Applied For**

☐ Not Applicable

**Zip**  
75001

**Country**  
US

**Zip**  
75001

**Country**  
US

**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**

CT Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

**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** Director, Chairman, & Secretary ☐ Delete  
**NAME** Jim Cavanaugh & President  
**STREET ADDRESS** 16885 Dallas Parkway  
**CITY-ST-ZIP** Addison, Texas 75001

**TITLE** Assistant Secretary ☐ Change ☒ Addition  
**NAME** Denise Vicari  
**STREET ADDRESS** 16885 Dallas Parkway  
**CITY-ST-ZIP** Addison, Texas 75001

**TITLE** Director and Vice President ☐ Delete  
**NAME** Jerry Crawford  
**STREET ADDRESS** 16885 Dallas Parkway  
**CITY-ST-ZIP** Addison, Texas 75001

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

**TITLE** Vice President and Director ☐ Delete  
**NAME** James Meeker  
**STREET ADDRESS** 16885 Dallas Parkway  
**CITY-ST-ZIP** Addison, Texas 75001

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denise Vicari

4/9/01  
Date

972-991-0900  
Daytime Phone #

CR2E034 (11/00)