

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002376

1. Entity Name  
CFF CAPITAL, INC.

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91242 031 \*\*\*158.75

Principal Place of Business  
3885 SO. DECATUR BLVD., SUITE 2010  
LAS VEGAS NV 89103

Mailing Address  
3885 SO. DECATUR BLVD., SUITE 2010  
LAS VEGAS NV 89103

551570



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 88-0397302

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

SANTORO, THOMAS C  
1700 WELLS ROAD, SUITE 5  
ORANGE PARK FL 32073

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 PSDT ☒ Delete  
NAME MORTERA, GLORIA  
STREET ADDRESS 3885 S DECATUR BLVD STE 2010  
CITY-ST-ZIP LAS VEGAS NV 89103

TITLE ☐ Change ☐ Addition  
NAME ~~PDM~~ DAVID CAMP  
STREET ADDRESS ~~ES~~  
CITY-ST-ZIP

TITLE MV ☒ Delete  
NAME CAMP, DAVID  
STREET ADDRESS 3885 SO. DECATUR BLVD., SUITE 2010  
CITY-ST-ZIP LAS VEGAS NV 89103

TITLE ☒ Change ☐ Addition  
NAME PMD DAVID CAMP  
STREET ADDRESS 1910 WELLS RD  
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE D ☒ Delete  
NAME CAMP, M FLORITA  
STREET ADDRESS 3885 S DECATUR BLVD STE 2010  
CITY-ST-ZIP LAS VEGAS NV 89103

TITLE ☒ Change ☐ Addition  
NAME VSTD M. FLORITA CAMP  
STREET ADDRESS 1910 WELLS RD  
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D BJANCA CAMP  
STREET ADDRESS 1910 WELLS RD  
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D BROOKE CAMP  
STREET ADDRESS 1910 WELLS RD  
CITY-ST-ZIP ORANGE PARK, FL 32073

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 the empowered

SIGNATURE: DAVID B. CAMP *David B. Camp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 (904) 269-2515  
Date Daytime Phone #

CR2E034 (10/00)