

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 05, 2000 8:00 am
Secretary of State

05-07-2000 90027 015 ***150.00

DOCUMENT # G63325

1. Entity Name

CATHEY'S R.V., INC.

Principal Place of Business

2870 FOREST HILL BLVD
 WEST PALM BCH FL 33406

Mailing Address

2870 FOREST HILL BLVD
 WEST PALM BCH FL 33406-5959

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2328515**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARTIN, GERLAD A.
 1665 PALM BEACH LAKES BOULEVARD
 SUITE 700, FORUM III-TOWER B
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name **Foster & Heffling, Lake Lakes**
 Street Address (P.O. Box Number is Not Acceptable)
501 South Flagler Dr.
Suite 305
 City **LWPB** FL Zip Code **33401**

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, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	CATHEY, GLORIA A.	
STREET ADDRESS	2870 FOREST HILL BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CATHEY, CARL W., JR.	
STREET ADDRESS	1582-12TH FAIRWAY	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARSH, TMARA C.	
STREET ADDRESS	2870 FOREST HILL BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	AV	<input type="checkbox"/> Delete
NAME	CATHEY, TODD M.	
STREET ADDRESS	2870 FOREST HILL BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, GERALD A.	
STREET ADDRESS	1665 PALM BCH LKS BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS	
STREET ADDRESS	Foster & Heffling	
CITY-ST-ZIP	501 South Flagler Dr. Suite 305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	LWPB FL 33401	

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

4/25/00 561-965-4593

Date

Daytime Phone #