

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**  
01-29-2001 90192 008 \*\*\*158.75

**DOCUMENT # H27034**

1. Entity Name  
**C/FUNDS GROUP, INC.**

Principal Place of Business <b>201 CENTER RD.  SUITE TWO  VENICE FL 34292-3528</b>	Mailing Address <b>201 CENTER RD.  SUITE TWO  VENICE FL 34292-3528</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2464979**

Applied For

Not Applicable

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

**CALDWELL, ROLAND G JR  
201 CENTER RD, SUITE TWO  
VENICE FL 34292**

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)

**01/17/01**  
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 NAME	<b>S</b> <b>BRASWELL, LYN B</b>	<input type="checkbox"/> Delete
*STREET ADDRESS	<b>1135 LARCHMONT RD</b>	
*CITY-ST-ZIP	<b>ENGLEWOOD FL 34223</b>	
TITLE NAME	<b>D</b> <b>PECHEUX, DEBORAH</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1911 OAKHURST PARKWAY</b>	
CITY-ST-ZIP	<b>SUGARLAND TX 77479</b>	
TITLE NAME	<b>PDY</b> <b>CALDWELL, ROLAND G JR.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3320 HARDEE DR</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE NAME	<b>C</b> <b>DONOVAN, WILLIAM</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>627 PAGET CT</b>	
CITY-ST-ZIP	<b>VENICE FL 34283</b>	
TITLE NAME	<b>D</b> <b>CHITTOCK, D B</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>19625 CATS DEN RD</b>	
CITY-ST-ZIP	<b>CHAGRIN FALLS OH 44023</b>	
TITLE NAME	<b>D</b> <b>WEBER, EMMETT V</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3411 BAYOU SOUND</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
*STREET ADDRESS	<b>542 S. 1K Oak Drive</b>
*CITY-ST-ZIP	<b>Venice, FL 34293</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Roland G. Caldwell, Jr., Pres.**

Date

**01/17/01**

Daytime Phone #

**941-493-3600**

CR2E034 (10/00)