

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90047 034 \*\*\*158.75

0629347 AV

**DOCUMENT # H27034**

1. Entity Name

**C/FUNDS GROUP, INC.**

Principal Place of Business

**201 CENTER RD.  
SUITE TWO  
VENICE FL 34292-3528**

Mailing Address

**201 CENTER RD.  
SUITE TWO  
VENICE FL 34292-3528**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
**59-2464979**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****CALDWELL, ROLAND G JR  
201 CENTER RD  
SUITE TWO  
VENICE FL 34292****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

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, 2002 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 **S** ☐ Delete  
NAME **BRASWELL, LYN B**  
STREET ADDRESS **542 SILK OAK DRIVE**  
CITY-ST-ZIP **VENICE FL 34293**TITLE **D** ☐ Delete  
NAME **PECHEUX, DEBORAH**  
STREET ADDRESS **1911 OAKHURST PARKWAY**  
CITY-ST-ZIP **SUGARLAND TX 77479**TITLE **PDT** ☐ Delete  
NAME **CALDWELL, ROLAND G JR.**  
STREET ADDRESS **3320 HARDEE DR**  
CITY-ST-ZIP **VENICE FL 34292**TITLE **C** ☒ Delete  
NAME **DONOVAN, WILLIAM**  
STREET ADDRESS **627 PAGET CT**  
CITY-ST-ZIP **VENICE FL 34283**TITLE **D C** ☐ Delete  
NAME **CHITTOCK, D B**  
STREET ADDRESS **19625 CATS DEN RD**  
CITY-ST-ZIP **CHAGRIN FALLS OH 44023**TITLE **D** ☐ Delete  
NAME **WEBER, EMMETT V**  
STREET ADDRESS **3411 BAYOU SOUND**  
CITY-ST-ZIP **LONGBOAT KEY FL****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☐ Change ☒ Addition  
NAME **ADAMS, WILLIAM L.**  
STREET ADDRESS **7339 HAWKINS ROAD**  
CITY-ST-ZIP **SARASOTA, FL 34241**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **C** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Roland G. Caldwell, Jr.****01/08/02**

Date

**941-493-3600**

Daytime Phone #

CP20034 (9/01)