

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000000004**

1. Entity Name  
**C & F HOLDING ENTERPRISES, L. C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 12 PM : 25

Principal Place of Business

2180 VIA VENICE  
PUNTA GORDA FL 33950

Mailing Address

2180 VIA VENICE  
PUNTA GORDA FL 33950



2. Principal Place of Business

**1310 APPIAN DR**

3. Mailing Address

**1310 APPIAN DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**P G I FL**

City & State

**P G I FL**

4. FEI Number

**65-0975204**

Applied For

Not Applicable

Zip

**33950**

Country

**U.S.A**

Zip

**33950**

Country

**U.S.A**

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**KAYWELL, JAMES W  
201 W MARION AVENUE  
SUITE 207  
PUNTA GORDA FL**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  Delete  
NAME **MGR FRASER, DAVID**  
STREET ADDRESS **2180 VIA VENICE**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**1/7/00 405575 8565**

Date

Daytime Phone #

CR2E083 (5/00)