

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90276 001 \*\*\*\*61.25

**DOCUMENT # N95000001031**

1. Entity Name

**CFC, INC.**

Principal Place of Business

**4060 N TAMiami TRAIL  
#4  
NAPLES FL 34103**

Mailing Address

**4060 N TAMiami TRAIL  
#4  
NAPLES FL 34103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0584005**

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

**VANDER HEYDEN, THOMAS L  
6673 STONEGATE DR.  
NAPLES FL 34109**

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>	<b>THOMAS L. VANDER HEYDEN</b>	<b>6673 STONEGATE DR. NAPLES FL 34109</b>				
	<b>D</b>	<b>DURY, NORMAN</b>	<b>60 NORTH 10TH STREET NAPLES FL 34102</b>				
	<b>D</b>	<b>TERRY R. VANDER HEYDEN</b>	<b>4060 NORTH TAMiami TRAIL NAPLES FL <del>34104</del> 34103</b>				

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *TR Vander Heyden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TERRY R. VANDER HEYDEN**

**2-26-01**

Date

**941-261-5915**

Daytime Phone #

CR2E037 (10/00)