2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000049520

1. Entity Name

CAVCO CONSULTANTS, INC.



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90136 025 ***150.00

			900	WEIR			
Principal Place of Business 1605 MAIN STREET SUITE 1100		Mailing Address 1605 MAIN STREET SUITE 1100 SARASOTA FL 34236-5848			22002426		
Principal Place of Business 2381 Fruitville Road Sarasota, FL 34237		3. Mailing Address 2381 Fruitville Road Sarasota, FL 34237			-		
City & Sta	ite	— City & State		•	4. FEI Number 65-10031	51	Applied For Not Applicable
Zip	Country .	Zip	Country		5. Certificate of Status Desire	ed \$8.75 Fee Requ	Additional
	6. Name and Address of Current I	Registered Agent	•		7. Name and Address of Ne	w Registered Agent	
CAVANAL 3909 CAS	Name Street	Name Street Address (P.O. Box Number is Not Acceptable)					
	S FL 34275				·		
			City			FL Zip C	
	e named entity submits this statement for tions of registered agent.	the purpose of changing	g its registered office	or registere	ed agent, or both, in the State of	f Florida. I am familiar wi	ith, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Registered Agent sign	ature required	when reinstating)	DATE	
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of				9. Election Campaign Trust Fund Contribu		5.00 May Be ded to Fees
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTO	ORS IN 11
TITLE Name Street address City-St-Zip	D CAVANAUGH, GERALD J 1605-MAIN STREET, SUITE-1180 SARASOTA FL 34236-5848	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		181 FRUITVILLE MASSITA FL 3		ge 🗌 Addition
TITLE NAME Street Address City-St-Zip	D PENDER, MICHAEL R JR. 1605-MAIN STREET, SUITE 1100- SARASOTA PL 34230-5840-	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		Ц	☐ Chang	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D_ SPANGLER, STEPHEN D 1605 MAIN STREET, SUITE 1100- SAPASOTA FL 34296-5848	Delete_	TITLE NAME STREET ADDRESS CITY-ST-ZIP		11	Chang	ge Addition
TITLE VAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete _	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge
TITLE NAME STREET ADDRESS DITY-ST-ZIP		, Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP			☐ Chang	e 🗍 Addition

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 trustele empenyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attact ment with an actives, with all other like emprewered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13,63

941 366-2983

Daytime Phone #

CR2E034 (10/0