

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35986

1. Entity Name

CFC FRANCHISING COMPANY

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90132 043 \*\*\*150.00

Principal Place of Business

Mailing Address

203 EAST MAIN STREET  
SPARTANBURG SC 29319  
US

203 EAST MAIN ST  
P-11-1  
SPARTANBURG SC 29319-0001  
US

900108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-0420186

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2000 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  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BUSHEY, CRAIG S  
3355 MICHELSON DR., STE 350  
IRVINE CA 92612 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPAS  
NELL, ROSS B  
203 E MIAN ST  
SPARTANBURG SC 29319 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
203 E. main st.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVSD  
PARISH, RHONDA J  
209 EAST MAIN ST  
SPARTANBURG SC 29319 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
203 E. main st.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVCF  
DEVOY, DAVID O  
3355 MICHELSON DR., SUITE 350  
IRVINE CA 92612 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPT  
HUTCHISON, RONALD  
203 E MAIN ST  
SPARTANBURG SC 29319 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
VPT  
Kenneth E. Jones  
203 E. main St.  
Spartanburg, SC 29319

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
LIBHART, BETH L  
3355 MICHELSON DR., SUITE 350  
IRVINE CA 92612 ☐ Delete

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

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:

*Geoffrey T. Christian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

Date

864/597-8774

Daytime Phone #

East. Secretary