

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000075843**

1. Entity Name

**C & G Investors, Inc.**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90150 001 \*\*\*150.00

04-30-2001 90150 002 \*\*\*\*\*8.75

Principal Place of Business Mailing Address  
**5200 NW 43rd St. Suite 102-208 Gainesville, FL 32606**  
**5200 NW 43rd St. Suite 102-208 Gainesville, FL 32606**

**68848**

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3208873** Applied For Not Applicable  
5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SIMS, CHRISTINE T.**  
**6425 NW 29th Terrace**  
**Gainesville, FL 32653**

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS

TITLE	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>Sims, C. EUGENE II</b>	
STREET ADDRESS	<b>6425 NW 29th Terrace</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32653</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>SIMS, CHRISTINE T.</b>	
STREET ADDRESS	<b>6425 NW 29th Terrace</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32653</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Christine T. Sims, V.P.**

**CHRISTINE T. SIMS**

Date

**4/18/01**

Daytime Phone #

**(352) 338-1575**

CR2E034 (11/00)