

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000015155

1. Entity Name

CRANBERRY CORNERS ANTIQUES, INC.

Principal Place of Business

203 E. HORATIO AVENUE  
MAITLAND FL 32751

Mailing Address

203 E. HORATIO AVENUE  
MAITLAND FL 32751-5501

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

59-3300246

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BURGUNDER, KARL  
1757 W. BROADWAY  
SUITE 4  
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name BURGUNDER KARL  
Street Address (P.O. Box Number is Not Acceptable)  
800 WESTWOOD SQUARE  
Suite A  
City OVIEDO FL 32765 FL Zip Code 32765

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

TITLE D ☐ Delete  
NAME BYFIELD, JOHN  
STREET ADDRESS 525 MIDDLE ROAD  
CITY-ST-ZIP FARMINGTON CT

TITLE P ☐ Delete  
NAME BYFIELD, PAMELA  
STREET ADDRESS 2604 GRASSY POINTE DR #204  
CITY-ST-ZIP LAKE MARY FL 32716

TITLE VD ☐ Delete  
NAME BYFIELD, STEPHEN  
STREET ADDRESS 1500 MAGNOLI AVE.  
CITY-ST-ZIP WINTER PARK FL

TITLE D ☐ Delete  
NAME BYFIELD, R. LYNN  
STREET ADDRESS 660 MOURNING DOVE CIRCLE  
CITY-ST-ZIP LAKE MARY FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Pamela Byfield  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/00 407-644-0363  
Date Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE