

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90102 001 \*1,200.00

**DOCUMENT #** P95000064758

**1. Entity Name**

C.F. TRUST, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
SARA MILLER

**3. Mailing Address**  
SARA MILLER

Suite, Apt. #, etc.  
9430 NW 16 STREET

Suite, Apt. #, etc.  
9430 NW 16 STREET

City & State  
PLANTATION, FL

City & State  
PLANTATION, FL

Zip  
33322

Country  
US

Zip  
33322

Country  
US

**4. FEI Number**  
650611168

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

Name  
SARA MILLER

Street Address (P.O. Box Number is Not Acceptable)  
9430 NW 16 STREET

City  
PLANTAION FL Zip Code  
33322

**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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | JOEL S. BERKOWITZ<br>24 HEARTHSTONE DR<br>ASHVILLE, NC 28803<br>P      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DAVID C. HENNESSY<br>11873 SPRING RD STE 10<br>CONIFER, CO 80433<br>VP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID HENNESSY 4/24/02 303-838-1400

Date

Daytime Phone #

CR2E034B (12/01)