

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012946

1. Entity Name

BETTY JEAN CAVANAGH, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90010 021 ***150.00

Principal Place of Business

Mailing Address

2461 NW 112TH AVENUE
CORAL SPRINGS FL 33065

2461 NW 112TH AVENUE
CORAL SPRINGS FL 33065-3506

2. Principal Place of Business

3. Mailing Address

11017 NW 28 Street

11017 NW 28 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

65-0739809

Applied For

Not Applicable

Zip

Country

33065

Zip

Country

33065

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

CAVANAGH, BETTY JEAN
2461 NW 112TH AVE
CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

11017 NW 28 Street

City

Coral Springs

FL

Zip Code

33065

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

Betty Jean Cavanagh

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/2000

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 PD ☐ Delete
NAME CAVANAGH, BETTY J
STREET ADDRESS 2461 NW 112TH AVENUE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11017 NW 28 Street
CITY-ST-ZIP Coral Springs, FL 33065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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

Betty Jean Cavanagh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2000

Date

954.752.2253

Daytime Phone #

CR2E034 (9/99)