

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90561 036 ***150.00

DOCUMENT # P98000025253

1. Entity Name

AMERIFUND CAPITAL INCORPORATED



Principal Place of Business

**712 US HIGHWAY 1
205
NORTH PALM BEACH FL 33408**

Mailing Address

**712 US HIGHWAY 1
205
NORTH PALM BEACH FL 33408**

2. Principal Place of Business

**11000 Prosperity Farms Rd
Suite 301**

3. Mailing Address

**11000 Prosperity Farms Rd
Suite 301**

City & State
Palm Beach Gardens FL

City & State
Palm Beach Gardens FL

Zip
33410

Zip
33410

4. FEI Number

59-3526648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**COOK, CHARLES R
712 US HIGHWAY NW
SUITE 205
NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name

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

11000 Prosperity Farms Rd.

Suite 301

City **Palm Beach Gardens**

FL

Zip Code
33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **JOYCE, PAUL F**
STREET ADDRESS **712 US HIGHWAY ONE, SUITE 205**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **STD** ☐ Delete
NAME **COOK, CHARLES R**
STREET ADDRESS **712 US HIGHWAY ONE, SUITE 205**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Paul Joyce**
STREET ADDRESS **11000 Prosperity Farms Rd Suite 301**
CITY-ST-ZIP **Palm Beach Gardens FL 33410**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Charles Cook**
STREET ADDRESS **11000 Prosperity Farms Rd st 301**
CITY-ST-ZIP **Palm Beach Gardens FL 33410**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03

Date

561-630-5900

Daytime Phone #

CR2E034 (10/02)