

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042165

1. Entity Name  
CFP #5, INC.

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90156 001 \*\*\*600.00

Principal Place of Business

Mailing Address

200 S ORANGE AVE  
SUITE 2850  
ORLANDO FL 32301

PO BOX 2265  
HICKORY NC 32301

2. Principal Place of Business

3. Mailing Address

508 W Central Blvd.

P.O. Box 2265

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Hickory NC

Zip

32801

Country

USA

Zip

28603

Country

USA

4. FEI Number

59-3510728

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

Dan O'Keefe

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

300 S. Orange Ave.

Suite 1000

City

Orlando

FL

Zip Code

32801-3373

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

3/6/01

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  
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  
NAME NEIL, EDWARD C  
STREET ADDRESS 100 NORTH TRYON STREET FLOOR 47  
CITY-ST-ZIP CHARLOTTE NC 28202-4003 ☐ Delete

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

TITLE STD  
NAME HAGER, THOMAS A  
STREET ADDRESS 100 NORTH TRYON STREET FLOOR 47  
CITY-ST-ZIP CHARLOTTE NC 28202-4003 ☐ Delete

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

TITLE D  
NAME BROWN, LEE G  
STREET ADDRESS 100 NORTH TRYON STREET FLOOR 47  
CITY-ST-ZIP CHARLOTTE NC 28202-4003 ☐ Delete

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

TITLE D  
NAME TOWNSEND, R K  
STREET ADDRESS 100 NORTH TRYON STREET FLOOR 47  
CITY-ST-ZIP CHARLOTTE NC 28202-4003 ☐ Delete

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

TITLE D  
NAME BERRY, RICHARD D JR.  
STREET ADDRESS 100 NORTH TRYON STREET FLOOR 47  
CITY-ST-ZIP CHARLOTTE NC 28202-4003 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R. Keith Townsend, R. Keith Townsend 3-1-01 828-345-0131

CR2E034 (10/00)