

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024358

1. Entity Name  
TFOA INC.

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90095 034 \*\*\*150.00

Principal Place of Business

26116 PASEO MARBELLA  
SAN JUAN CAPISTRANO CA 92675

Mailing Address

26116 PASEO MARBELLA  
SAN JUAN CAPISTRANO CA 92675

2. Principal Place of Business

101 EL CAMINO REAL South 101 EL CAMINO REAL South

3. Mailing Address

101 EL CAMINO REAL South

Suite, Apt. #, etc.

# 205

Suite, Apt. #, etc.

# 205

City & State

SAN CLEMENTE

City & State

SAN CLEMENTE

Zip

CA

Country

92672

Zip

CA

Country

92672

4. FEI Number

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

O'KEEFE, TIMOTHY F  
7061 S.W. 18TH STREET  
PLANTATION FL 33317

Name

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

City

FL

Zip Code

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	D OKEEFE, TIM 26116 PASEO MARBELLA SAN JUAN CAPISTRANO CA 92675	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

10 JULY 2000 (949) 369-1782

CR2E034 (5/00)

Attachment

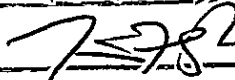
Doc#:

P99000024358

A0071987

I FILED THIS IN  
JANUARY BUT YOU <sup>CHECK #1049</sup>  
DID NOT GET IT -  
CALLED YOUR OFFICE  
IN JULY - THEY SAID  
TO SEND IT BACK IN  
WITH A CHECK FOR  
15¢.4¢.

THANKS-



(949) 369-1782

Attachment

# P99000024358