

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90024 011 ***550.00

DOCUMENT # P99000034050

1. Entity Name
CBC FAMILY VISIONS, INC. ✓

Principal Place of Business
613 CRICKLEWOOD TERRACE
HEATHROW FL 32746

Mailing Address
613 CRICKLEWOOD TERRACE
HEATHROW FL 32746

2. Principal Place of Business
1690 Bridgewater Drive
Suite, Apt. #, etc.

3. Mailing Address
SAME AS Business
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Heathrow, FL
Zip
32746
Country
U.S.

City & State
Zip
Country

4. FEI Number
59-3569264

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

F & L CORP.
THE GREENLEAF BUILDING, THIRD FLOOR
200 LAURA STREET
JACKSONVILLE FL 32201-0240

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	<input type="checkbox"/> Delete
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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 REQUIRED Carol A.J. Buford 9/11/00 (407) 333-9445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)