

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91189 007 ***150.00

DOCUMENT # P99000034050

1. Entity Name

CBC Family VISIONS, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1100 Int'l. Pkwy

Suite, Apt. #, etc.
#140

City & State
Heathrow, FL

Zip Country
32746 USA

3. Mailing Address

1100 Int'l Pkwy

Suite, Apt. #, etc.
#140

City & State
Heathrow, FL

Zip Country
32746 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3569264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
FAL Corp.

Street Address (P.O. Box Number is Not Acceptable)
The Greenleaf Building, Third Floor

200 Laura Street

City Jacksonville FL Zip Code 32201-0240

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Carol B. Trust 11690 Bridgewater Dr. Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Carol B. Trust 11690 Bridgewater Drive Lake Mary, FL 32746
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol A. J. Buford

4-25-02

Date

407-333-9445

Daytime Phone #

CR2E034B (12/01)