

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/1

**FILED**

**May 15, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90005 025 \*\*\*158.75

**DOCUMENT # P990000061096**

1. Entity Name

**CAVE VALLEY ENTERPRISES INC.**

Principal Place of Business

Mailing Address

867 SANTO DOMINGO AVENUE  
PALM BAY FL 32908

867 SANTO DOMINGO AVENUE  
PALM BAY FL 32908

2. Principal Place of Business

3. Mailing Address

1854 DUNWOODY STREET  
Suite, Apt. #, etc.

P.O. BOX 961  
Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL.

LAKE HAMILTON, FL.

4. FEI Number

59-3588715

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

LEWIS, DESMOND  
867 SANTO DOMINGO AVENUE  
PALM BAY FL 32908

Name  
DESMOND LEWIS

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

1854 DUNWOODY STREET

ORLANDO, FL. 32839

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 CAVE VALLEY ENTERPRISE, INC.  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

APRIL 12, 2000  
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 \$150.00**  
**After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, DESMOND 867 SANTO DOMINGO AVENUE PALM BAY FL 32908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, DESMOND GEORGE 1854 DUNWOODY STREET ORLANDO, FL. 32839	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, KARON 867 SANTO DOMINGO AVENUE PALM BAY FL 32908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, KARON 1854 DUNWOODY STREET ORLANDO, FL. 32839	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOMMERVILLE, MAGANNIA 867 SANTO DOMINGO AVENUE PALM BAY FL 32908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIST D REBECCA LEWIS 1854 DUNWOODY STREET ORLANDO, FL. 32839	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/TASSA LASHONNA A WOOD 1854 DUNWOODY STREET ORLANDO, FL. 32839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03-01-00

Daytime Phone #