

# 2000 UNIFORM BUSINESS REPORT (UBR)

KF2

DOCUMENT #

1. Entity Name

CDHP, Inc.

Principal Place of Business

7108 Fairway Dr. Ste. 380  
Palm Bch Gardens, FL 33418

Mailing Address

500 100th St. SW  
Byron Center, MI 49315

FILED

00 SEP 29 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-3209524

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Patrick Cavanagh

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

5157 Elpine way

City

Palm Bch Gardens

FL

Zip Code

33418

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

Sept 26, 2000

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 \$350.00

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 ☐ Delete

NAME Patrick Cavanagh

STREET ADDRESS 5157 Elpine way

CITY-ST-ZIP Palm Bch Gardens, FL 33418

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

300003419949-8

-10/10/00--01009--020

\*\*\*\*150.00 \*\*\*\*150.00

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

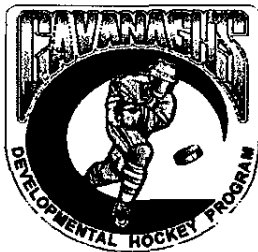
Date

Daytime Phone #

Sept 26, 2000

KE

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Cavanagh's Developmental Hockey Program  
7108 Fairway Dr. Ste. 380  
Palm Beach Gardens, FL 33418  
888-423-2347  
[www.cdhp hockey.com](http://www.cdhp hockey.com)

9/26/00

Subject: CDHP, INC.  
Ref. Number: P99000078662

Dear Ms. Eckel,

Thank you for sending the appropriate form in a timely matter. CDHP never received the original business report from the Florida Department of State. I have enclosed the form and a check in the amount of \$150. If further assistance is needed, please feel free to call me at the number above.

Sincerely,

Patrick Cavanagh  
President