

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90069 018 ***158.75

DOCUMENT # S18647

1. Entity Name

CAVANAUGH VESEY PROPERTIES, INCORPORATED

Principal Place of Business

Mailing Address

325 WINDWARD ISLAND
 CLEARWATER FL 34630
 US

325 WINDWARD ISLAND
 CLEARWATER FL 33767-2328
 US

2. Principal Place of Business

3. Mailing Address

244 DOLPHIN POINT

244 DOLPHIN PT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number

59-3041861

Applied For

Not Applicable

Zip

33767

Country

PIN.

Zip

33767

Country

PIN

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

CAVANAUGH, JAMES D
 244 DOLPHIN POINT
 CLEARWATER FL 33767

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 \$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	PD	<input type="checkbox"/> Delete
NAME	CAVANAUGH, JAMES D	
STREET ADDRESS	244 DOLPHIN POINT	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CAVANAUGH, DOLORES M	
STREET ADDRESS	244 DOLPHIN POINT	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAVANAUGH, DENISA A	
STREET ADDRESS	244 DOLPHIN POINT	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

James D. Cavanaugh
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00
 Date

727 443 4485
 Daytime Phone #

CR2E034 (9/99)