

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90019 032 \*\*\*150.00

**DOCUMENT # 362174**  
 1. Entity Name  
**CRG, ARCHITECTS/PLANNERS, INC.**

Principal Place of Business: **2111 CORPORATE SQUARE BLVD. JACKSONVILLE FL 32216**  
 Mailing Address: **2111 CORPORATE SQUARE BLVD. JACKSONVILLE FL 32216-1919**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-1308643** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MCNETT, THOMAS L.  
 2220 ACADIE DR  
 JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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.   
**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

TITLE	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>RUMPEL, PETER L</b>	
STREET ADDRESS	<b>133 MARINE ST</b>	
CITY-ST-ZIP	<b>ST, AUGUSTINE, FL.</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>MCNETT, THOMAS L.</b>	
STREET ADDRESS	<b>2220 ACADIE DR.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GOODWIN, ROBT. C.</b>	
STREET ADDRESS	<b>216 ST. JOHNS AVE.</b>	
CITY-ST-ZIP	<b>PALATKA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CARGILE, STEPHEN</b>	
STREET ADDRESS	<b>2838 RIVERSIDE AVE</b>	
CITY-ST-ZIP	<b>JAX FL 32205</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HORVATH, ROXANNE</b>	
STREET ADDRESS	<b>133 MARINE ST</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32084</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] DATE: 2/11/2000 DAYTIME PHONE #: (904) 125-0055

CR/0003 10/000