

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702204

1. Entity Name

CRESCENT TOWERS ASSOCIATION, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90096 034 ****61.25

Principal Place of Business

Mailing Address

1035 SEASIDE DRIVE
SARASOTA FL 34242

1035 SEASIDE DRIVE
SARASOTA FL 34242-2522

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-1003781

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

BRICKLEY, JAMES A
1035 SEASIDE DR
SARASOTA FL 34242

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 *James A. Brickley*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	☐ Delete
NAME	PEDRO, SHIRLEY D.	
STREET ADDRESS	BOX 2286 RR#2	
CITY-ST-ZIP	DUSHORE PA 18814	
TITLE	SD	☐ Delete
NAME	SCHAFSTALL, MARILYN	
STREET ADDRESS	5851 BRAINARD DRIVE	
CITY-ST-ZIP	SYLVANIA OH 43560	
TITLE	TD	☐ Delete
NAME	KANE, LOIS	
STREET ADDRESS	2115 STERLING GLEN CT	
CITY-ST-ZIP	SUN CITY FL 33573	
TITLE	D	☐ Delete
NAME	PETERSON, GARY	
STREET ADDRESS	5404 BUCHANAN DRIVE	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	PD	☐ Delete
NAME	BRICKLEY, JAMES A	
STREET ADDRESS	1035 SEASIDE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *James A. Brickley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/2000 901-344-2100
Date Daytime Phone