

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-21-2002 90040 042 ****61.25

DOCUMENT # 738381

1. Entity Name

CREST BREEZE MANOR ASSOCIATION, INC.

Principal Place of Business

Mailing Address

124 CRESTBREEZE MANOR
CRESCENT CITY FL 32112
US

R.R. 2, BOX 64
CRESCENT CITY FL 32112
US

2. Principal Place of Business

3. Mailing Address

124 Crestbreeze Manor

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Crescent City Fl.

Zip

Country

Zip

Country

32112**Putnam**

4. FEI Number

59-2869266

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

Name

Jean Gaal

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

124 Crestbreeze Manor

City

Crescent City**FL**

Zip Code

32112

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

1/10/02**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	PD	<input checked="" type="checkbox"/> Delete
NAME	BATTEN, TONY M	
STREET ADDRESS	131 CRESTBREEZE MANOR	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUDLEY, ANN	
STREET ADDRESS	144 CRESTBREEZE MANOR	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DUDLEY, ANN	
STREET ADDRESS	144 CRESTBREEZE MANOR	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BEERBOWER, BARBARA	
STREET ADDRESS	127 CRESTBREEZE MANOR	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pettit, Lorraine	
STREET ADDRESS	129 Crestbreeze Manor	
CITY-ST-ZIP	Crescent City, FL 32112	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dudley, Frank	
STREET ADDRESS	144 Crestbreeze Manor	
CITY-ST-ZIP	Crescent City, FL 32112	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gaal, Jean	
STREET ADDRESS	124 Crestbreeze Manor	
CITY-ST-ZIP	Crescent City, FL 32112	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beerbower, Barbara	
STREET ADDRESS	127 Crestbreeze Manor	
CITY-ST-ZIP	Crescent City, FL 32112	
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		

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:

Jean Gaal
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02

Date

386-698-4134
 Daytime Phone #

CR2E037 (9/01)