

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90078 045 ****61.25

DOCUMENT # N08288

1. Entity Name

CRYSTAL PALACE FM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11655 RANDOLPH SIDING RD.
 JUPITER FL 33478-6158
 US

11655 RANDOLPH SIDING RD.
 JUPITER FL 33478-6158
 US

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

59-2518877

Applied For

Not Applicable

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

LUCAS, KATHLEEN S.
 11655 RANDOLPH SIDING ROAD
 JUPITER FL 33478

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LUCAS, HENRY	
STREET ADDRESS	11655 RANDOLPH SIDING RD	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LUCAS, KATHLEEN	
STREET ADDRESS	11655 RANDOLPH SIDING RD	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LUCAS, PHILLIP S	
STREET ADDRESS	44 TOLLAND AVE #58	
CITY-ST-ZIP	STAFFORD SPRINGS CT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Kathleen S. Lucas **REQUIRED** Kathleen S. Lucas Sec. 4/7/00 5617461359
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)