

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42830

1. Entity Name

T. QUACKENBOS CRUSADES, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90107 009 ****61.25

Principal Place of Business

Mailing Address

3720 OKEECHOBEE RD
FT PIERCE FL 34947
US

3720 OKEECHOBEE RD
FT PIERCE FL 34947-4558
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

QUACKENBOS, TIMOTHY SR.
345 W. WEATHERBEE #150
FT. PIERCE FL 34982

4. FEI Number

65-0257331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	QUACKENBOS, TIMOTHY SR.	
STREET ADDRESS	345 W. WEATHERBEE RD.	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACQUES, ANTHONY	
STREET ADDRESS	1806 COLONIAL ROAD	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JACQUES, MARIE F.	
STREET ADDRESS	1806 COLONIAL ROAD	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PHILLIPS, BENJAMIN C	
STREET ADDRESS	2491 KEEN ROAD	
CITY-ST-ZIP	FORT PIERCE FL 34946	
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	D.S.	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALINE HARRISON		
STREET ADDRESS	6507 DORIS DR.		
CITY-ST-ZIP	Ft Pierce, FL 34951		
TITLE	O.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Everette Harrison		
STREET ADDRESS	6507 DORIS DR		
CITY-ST-ZIP	Ft. Pierce, FL 34951		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	John Allen		
STREET ADDRESS	4041 N US1 Lot 24		
CITY-ST-ZIP	Ft Pierce, FL 34946		
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: Rev. Timothy Quackenbos Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)