

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90022 027 ****61.25

DOCUMENT # N42830

1. Entity Name

T. QUACKENBOS CRUSADES, INC.

Principal Place of Business

Mailing Address

**3720 OKEECHOBEE RD
 FT PIERCE FL 34947
 US**

**3720 OKEECHOBEE RD
 FT PIERCE FL 34947
 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

65-0257331

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

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

Name

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

615 42ND AVE.

VERO BEACH, FLA

City

FL

Zip Code

34968

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 **DP** ☐ Delete
 NAME **QUACKENBOS, TIMOTHY SR.**
 STREET ADDRESS **345 W. WEATHERBEE RD.**
 CITY-ST-ZIP **FT PIERCE FL 34982**

TITLE ☐ Change ☒ Addition
 NAME **T. Shirley A Quackenbos**
 STREET ADDRESS **615 42ND AVE**
 CITY-ST-ZIP **VERO BEACH, FL 34968**

TITLE **DS** ☒ Delete
 NAME **HORRISON, ALINE**
 STREET ADDRESS **6507 DORIS DR**
 CITY-ST-ZIP **FORT PIERCE FL 34951**

TITLE ☐ Change ☒ Addition
 NAME **CHRISTINE PARKER**
 STREET ADDRESS **13491 ORANGE AVE**
 CITY-ST-ZIP **FT PIERCE, FL 34945**

TITLE **D** ☐ Delete
 NAME **HARRISON, EVERETTE**
 STREET ADDRESS **6507 DORIS DR**
 CITY-ST-ZIP **FORT PIERCE FL 34951**

TITLE ☐ Change ☒ Addition
 NAME **ANTHONY JACQUES**
 STREET ADDRESS **1806 COLONIAL DR.**
 CITY-ST-ZIP **FT PIERCE, FL 34950**

TITLE **DT** ☒ Delete
 NAME **PHILLIPS, BENJAMIN C**
 STREET ADDRESS **2491 KEEN ROAD**
 CITY-ST-ZIP **FORT PIERCE FL 34946**

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

TITLE **D** ☐ Delete
 NAME **ALLEN, JOHN**
 STREET ADDRESS **4041 N US1 LOT 24**
 CITY-ST-ZIP **FORT PIERCE FL 34946**

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

TITLE ☐ Delete
 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:

Timothy S. Quackenbos

5/03/01

561-460-1377

CR2E037 (10/00)