

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035234

1. Entity Name
CRESCENT CAPITAL ADVISORS GROUP, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90098 015 ***150.00

Principal Place of Business

6701 FIRESTONE PLACE
BRADENTON FL 34202
US

Mailing Address

6701 FIRESTONE PLACE
BRADENTON FL 34202
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0912012**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REEVES, KEITH W
5780 MIDNIGHT PASS RD., STE. 501B
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name

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

6701 FIRESTONE PLACE

~~BRADENTON FL 34202~~

City

BRADENTON

Zip Code

34202

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, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **MINOTTI, MICHAEL**
STREET ADDRESS **6685 BETA DR.**
CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

TITLE **D** ☒ Delete
NAME **RANALLO, ROBERT A**
STREET ADDRESS **6685 BETA DRIVE**
CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143**

TITLE **D** ☐ Delete
NAME **REEVES, KEITH**
STREET ADDRESS **6480 ROCKSIDE WOODS BLVD., S. STE. 330**
CITY-ST-ZIP **CLEVELAND OH 44131**

TITLE **DP** ☒ Delete
NAME **MYER, DALE**
STREET ADDRESS **5780 MIDNIGHT PASS RD**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition:
NAME **PRESIDENT**
STREET ADDRESS **KEITH W. REEVES**
CITY-ST-ZIP **6701 FIRESTONE PLACE**
BRADENTON FLORIDA 34202

TITLE ☒ Change ☐ Addition:
NAME **DIRECTOR**
STREET ADDRESS **DALE MYER**
CITY-ST-ZIP **6701 FIRESTONE PLACE**
BRADENTON FLORIDA 34202

TITLE ☐ Change ☒ Addition:
NAME **DIRECTOR**
STREET ADDRESS **WILLIAM R. TOWNSEND**
CITY-ST-ZIP **23200 LAKE RD. APT. 53**
BAY VILLAGE OHIO 44140

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)