

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2000 8:00 am**
Secretary of State

04-10-2000 90057 029 ***150.00

DOCUMENT # 188148

1. Entity Name

CRAIGE FURNITURE CO

Principal Place of Business

Mailing Address

111 EAST ATLANTIC AVE
BEACH FL 33444111 EAST ATLANTIC AVE
DELRAY BEACH FLA 33444-3724

H00J004Z



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0761026

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CRAIGE, MICHAEL K.
1229 LAING ST.
DELRAY BEACH FL 33444

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and effects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD	TITLE	
NAME	CRAIGE, EDYTHE H.	NAME	
STREET ADDRESS	140 NW 7TH ST.	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	CRAIGE, MICHAEL K	NAME	
STREET ADDRESS	1229 LAING ST.	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	CRAIGE, RUSSELL H., JR	NAME	
STREET ADDRESS	3859 LONE PINE RD.	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	BUCHANAN, SHIRLEY C	NAME	
STREET ADDRESS	250 S OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

1-4-2000

Date

561-276-5781

Daytime Phone #

CR2E034 (9/99)