

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0020168 AV

DOCUMENT # **348134**

1. Entity Name
CRESCENT FINANCIAL INC

04-02-2002 90933 002 ***150.00

Principal Place of Business 601 II RIVERSIDE AVENUE SUITE 460 JACKSONVILLE FL 32204 US	Mailing Address 645 RIVERSIDE AVE. #460 P. O. BOX 4488 JACKSONVILLE FL 32201
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 600	3. Mailing Address Suite, Apt. #, etc. 600
City & State	City & State

4. FEI Number 59-0548215	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**VARN, LESTER JR.
 645 RIVERSIDE AVE.
 #460
 JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent
 Name **VARN, LESTER JR**
 Street Address (P.O. Box Number is Not Acceptable)
**601 II RIVERSIDE AVE
 #600**
 City **JACKSONVILLE FL** Zip Code **32204**

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 **LESTER VARN, JR.** DATE **3/27/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARN, LESTER, JR. 645 RIVERSIDE AVE., #460 JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 II RIVERSIDE AVE #600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VARN, GEORGE W. 645 RIVERSIDE AVE., #460 JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 II RIVERSIDE AVE #600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VARN, WILLIAM L., III 645 RIVERSIDE AVE., #460 JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 II RIVERSIDE AVE #600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD VARN, GEORGE W., JR. 645 RIVERSIDE AVE., #460 JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 II RIVERSIDE AVE #600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VARN, MERILL 645 RIVERSIDE AVE #460 JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 II RIVERSIDE AVE #600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MADIGAN, EMILY R. 645 RIVERSIDE AVE. # 460 JACKSONVILLE FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 II RIVERSIDE AVE #600

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: **LESTER VARN, JR.** DATE **3/27/02** DAYTIME PHONE # **904-356-4881**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)