

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-02-2002 90933 002 \*\*\*150.00

0020168 AV

**DOCUMENT # 348134**

1. Entity Name

**CRESCENT FINANCIAL INC**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**600**

Suite, Apt. #, etc.

**600**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-0548215**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



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

Signature, typed or printed name of registered agent and fee if applicable.

**LESTER VARN, JR.**

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/27/02**

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	VARN, LESTER, JR.	
STREET ADDRESS	645 RIVERSIDE AVE., #460	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VARN, GEORGE W.	
STREET ADDRESS	645 RIVERSIDE AVE., #460	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VARN, WILLIAM L., III	
STREET ADDRESS	645 RIVERSIDE AVE., #460	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ASTD	<input type="checkbox"/> Delete
NAME	VARN, GEORGE W., JR.	
STREET ADDRESS	645 RIVERSIDE AVE., #460	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	VARN, MERILL	
STREET ADDRESS	645 RIVERSIDE AVE #460	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MADIGAN, EMILY R.	
STREET ADDRESS	645 RIVERSIDE AVE. # 460	
CITY-ST-ZIP	JACKSONVILLE FL 32204	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>601 II RIVERSIDE AVE #600</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>601 II RIVERSIDE AVE #600</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>601 II RIVERSIDE AVE #600</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>601 II RIVERSIDE AVE #600</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>601 II RIVERSIDE AVE #600</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>601 II RIVERSIDE AVE #600</b>
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

**LESTER VARN, JR.**

Date

Daytime Phone #

**3/27/02 904-356-4881**

CR2E034 (9/01)