

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 362174

1. Entity Name

CRG, ARCHITECTS/PLANNERS, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90019 032 ***150.00

Principal Place of Business Mailing Address
2111 CORPORATE SQUARE BLVD. 2111 CORPORATE SQUARE BLVD.
JACKSONVILLE FL 32216 JACKSONVILLE FL 32216-1919

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 59-1308643 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
MCNETT, THOMAS L.
2220 ACADIE DR
JACKSONVILLE FL 32217
7. Name and Address of New Registered Agent
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 elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT	TITLE	
NAME	RUMPEL, PETER L	NAME	
STREET ADDRESS	133 MARINE ST	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE, FL.	CITY-ST-ZIP	
TITLE	VS	TITLE	
NAME	MCNETT, THOMAS L.	NAME	
STREET ADDRESS	2220 ACADIE DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	GOODWIN, ROBT. C.	NAME	
STREET ADDRESS	216 ST. JOHNS AVE.	STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	CARGILE, STEPHEN	NAME	
STREET ADDRESS	2838 RIVERSIDE AVE	STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32205	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	HORVATH, ROXANNE	NAME	
STREET ADDRESS	133 MARINE ST	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X 2/11/2000 (904) 725-0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #