

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 362174**

1. Entity Name

**CRG, ARCHITECTS/PLANNERS, INC.****FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90011 045 \*\*\*150.00

0015900

Principal Place of Business Mailing Address  
**2111 CORPORATE SQUARE BLVD. JACKSONVILLE, FL 32216**2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1308643** Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**MCNETT, THOMAS L.**  
**2220 ACADIE DR**  
**JACKSONVILLE FL 32217**  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUMPEL, PETER L</b>	NAME	
STREET ADDRESS	<b>133 MARINE ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST, AUGUSTINE, FL.</b>	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCNETT, THOMAS L.</b>	NAME	
STREET ADDRESS	<b>2220 ACADIE DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOODWIN, ROBT. C.</b>	NAME	
STREET ADDRESS	<b>216 ST. JOHNS AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PALATKA FL</b>	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARGILE, STEPHEN</b>	NAME	
STREET ADDRESS	<b>2838 RIVERSIDE AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JAX FL 32205</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HORVATH, ROXANNE</b>	NAME	
STREET ADDRESS	<b>133 MARINE ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32084</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 **Thomas L. McNett 1-9-2001 (904) 725-0055**  
Date Daytime Phone #

CR2E034 (10/00)