

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # 464983

1. Entity Name

PROCTOR, CROOK, & CROWDER, P.A.

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-16-2000 90147 032 ***150.00

Principal Place of Business

33 FLAGLER AVE.
STUART FL 34994

Mailing Address

33 FLAGLER AVE.
STUART FL 34994-2140

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

59-1556056

Applied For

Not Applicable

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

PROCTOR, GORDON O.
1110 N.E. TOWN TERRACE
JENSEN BEACH FL

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.
(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 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	P	<input type="checkbox"/> Delete
NAME	PROCTOR, GORDON O.	
STREET ADDRESS	1110 N.E. TOWN TERRACE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CROOK, T. MICHAEL	
STREET ADDRESS	33 S. FLAGLER AVE.	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROWDER, NANCY	
STREET ADDRESS	33 FLAGLER AVE.	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LYNCH, PAMELA J.	
STREET ADDRESS	33 FLAGLER AVE.	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAYNE, KEVIN M	
STREET ADDRESS	33 SW FLAGLER AVE.	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME	Todd J. Laycock	
STREET ADDRESS	33 FLAGLER AVE.	
CITY-ST-ZIP	STUART FL 34994	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

Date

Daytime Phone #

CR2E034 (9/99)