

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 687796

1. Entity Name

VAN WILLIAMS, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90084 025 \*\*\*150.00

Principal Place of Business

5150 CENTRAL AVE.  
 ST. PETERSBURG FL 33707

Mailing Address

14650 DOUBLE EAGLE CT.  
 FT. MYERS FL 33912-1716  
 US

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 **59-2028455**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, FRANK  
 14650 DOUBLE EAGLE CT.  
 FT. MYERS FL 33912

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.  
 (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

TITLE **P** ☐ Delete  
 NAME CRAWFORD, FRANK  
 STREET ADDRESS 14650 DOUBLE EAGLE CT.  
 CITY-ST-ZIP FORT MYERS FL 33912

TITLE **V** ☒ Delete  
 NAME WILLIAMS, VAN  
 STREET ADDRESS 5150 CENTRAL AVE.  
 CITY-ST-ZIP SAINT PETERSBURG FL 33707

TITLE **S** ☐ Delete  
 NAME ZIRKLE, LYNN  
 STREET ADDRESS 5150 CENTRAL AVE.  
 CITY-ST-ZIP SAINT PETERSBURG FL 33707

TITLE **T** ☐ Delete  
 NAME CRAWFORD, CAROLYN  
 STREET ADDRESS 14650 DOUBLE EAGLE CT.  
 CITY-ST-ZIP FORT MYERS FL 33912

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP, Treasurer** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

*Frank Crawford* **Frank Crawford** 4/26/00 (941) 278-4555

Date

Daytime Phone #

CR2E034 (9/99)