

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-02-2002 90931 034 \*\*\*150.00

0086198 AV

**DOCUMENT # 694039**

1. Entity Name  
**CRICKET PONDS, INC.**

Principal Place of Business

**5513 NW 119TH STREET  
 GAINESVILLE FL 32653  
 US**

Mailing Address

**120 FOREST PARK COURT  
 LONGWOOD FL 32779  
 US**



2. Principal Place of Business

**3725 NW 31ST TERRACE**

3. Mailing Address

**3725 NW 31ST TERRACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**GAINESVILLE, FL**

City & State

**GAINESVILLE, FL**

4. FEI Number

**59-2102040**

Applied For

Not Applicable

Zip

Country

**32605 ALACHUA**

Zip

Country

**32605 ALACHUA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HOLDEN, CHARLES I. JR  
 2772-S NW 43RD STREET  
 GAINESVILLE FL 32606**

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, 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 ☐ Delete  
 NAME **PD JACOBSON, STANLEY Z.**  
 STREET ADDRESS **120 FOREST PARK COURT 3725 NW**  
 CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ Delete  
 NAME **VD JACOBSON, LILA D.**  
 STREET ADDRESS **120 FOREST PARK COURT**  
 CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 **3725 NW 31ST TERRACE**  
 CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3725 NW 31ST TERRACE**  
 CITY-ST-ZIP **GAINESVILLE, FL 32606**

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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: Stanley Z Jacobson Stanley Z Jacobson 3/26/02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)