2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State
04-22-2000 90048 048 ****61.25

DOCUMENT # 721191

1. Entity Name

CROWN OAKS, INC.

Principal Place of Business	Mailing Address
2180 PARK AVE. N SUITE 326 WINTER PARK FL 32789 US	2180 PARK AVE. N SUITE 326 WINTER PARK FL 32789-2358 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
444 W. New England Ave	444 W. New England Ave
Suite, Apt. #, etc. Suite B	Suite, Apt. #, etc. Suite B
City & State Winter Park, FL	City & State Winter Park, FL
Zip 32789 Country	Zip 32789 Country

4. FEI Number 59-2480919 ☐ 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
MALCOM, THOMAS D 2180 PARK AVE, N SUITE 326 WINTER PARK FL 32789	Name Andrea Brackin Street Address (P.O. Box Number is Not Acceptable) 444 W. New England Ave, Suite B City Winter Park FL Zip Code 32789

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 Andrea L. Brackin Andrea L. Brackin 4/11/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STONE, BARI 216 CROWN OAKS WAY LONGWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD EVANS, CARL D. 117 CROWN OAKS WAY LONGWOOD FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Marilyn Faulk 214 Crown Oaks Way Longwood, FL 32779	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOWLAND, KEMP 216 CROWN OAKS WAY LONGWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, CAROL 201 CROWN OAKS WAY LONGWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Bari Stone 3/8/00 (407)865-7661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #