

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90025 021 ****61.25

DOCUMENT # 721191

1. Entity Name

CROWN OAKS, INC.



Principal Place of Business

**444 W NEW ENGLAND AVE
STE B
WINTER PARK FL 32789
US**

Mailing Address

**444 W NEW ENGLAND AVE
STE B
WINTER PARK FL 32789
US**

2. Principal Place of Business

882 JACKSON AVE

3. Mailing Address

882 JACKSON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK FL

City & State

WINTER PARK FL

Zip

32789

Country

USA

Zip

32789

Country

USA

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

**MALCOM, THOMAS D
444 W NEW ENGLAND AVE
STE B
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name **Andrea L. Brackin**

Street Address (P.O. Box Number is Not Acceptable)

882 JACKSON AVE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Andrea L. Brackin, Agent

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **HILL, ELIZABETH**
STREET ADDRESS **114 CROWN OAKS WAY**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **VTD** ☐ Delete
NAME **ROSE, BRUCE**
STREET ADDRESS **213 CROWN OAKS WAY**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **PD** ☒ Delete
NAME **HOWLAND, KEMP**
STREET ADDRESS **216 CROWN OAKS WAY**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☐ Delete
NAME **DUER, GENEVA**
STREET ADDRESS **109 CROWN OAKS WAY**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D** ☒ Change ☐ Addition
NAME **Hill, Elizabeth**
STREET ADDRESS **114 Crown Oaks Way**
CITY-ST-ZIP **Longwood, FL 32779**

TITLE **VD** ☒ Change ☐ Addition
NAME **Rose, Bruce**
STREET ADDRESS **213 Crown Oaks Way**
CITY-ST-ZIP **Longwood, FL 32779**

TITLE **T/D** ☐ Change ☒ Addition
NAME **Small, Lynn**
STREET ADDRESS **214 Crown Oaks Way**
CITY-ST-ZIP **Longwood, FL 32779**

TITLE **S/D** ☒ Change ☐ Addition
NAME **Duer, Geneva**
STREET ADDRESS **109 Crown Oaks Way**
CITY-ST-ZIP **Longwood, FL 32779**

TITLE **D** ☐ Change ☒ Addition
NAME **Meyers, Colleen**
STREET ADDRESS **1227 Wilkinson St.**
CITY-ST-ZIP **Orlando, FL 32803**

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

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 K. Small 2/10/03 407-647-2622

CR2E037 (10/02)