

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738381

1. Entity Name

CREST BREEZE MANOR ASSOCIATION, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90034 014 ****61.25

Principal Place of Business

Mailing Address

139 CRESTBREEZE MANOR
CRESCENT CITY FL 32112
US

R.R. 2 BOX 49
CRESCENT CITY FL 32112-9605
US

2. Principal Place of Business

124 Crestbreeze Manor

3. Mailing Address

R.R. 2 Box 64

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crescent City, FL 32112

City & State

Crescent City, FL 32112

4. FEI Number

59-2869266

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FRANK, MELISSA D
126 CRESTBREEZE MANOR
CRESCENT CITY FL 32112

Name Jean Gaal

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

R.R. 2 Box 64

City Crescent City

FL

Zip Code 32112

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 *Jean Gaal* - JEAN GAAL

3/6/00

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 PD ☒ Delete
NAME RICH, MALCOLM
STREET ADDRESS 139 CRESTBREZE MANOR
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE PD ☒ Change ☐ Addition
NAME Tony M. Batten
STREET ADDRESS 131 Crestbreeze Manor
CITY-ST-ZIP Crescent City, FL 32112

TITLE VP ☐ Delete
NAME DUDLEY, FRANK
STREET ADDRESS P. O. BOX 1202 (NA)
CITY-ST-ZIP BUNNELL FL 32110

TITLE ☒ Change ☐ Addition
NAME ~~144 Crestbreeze Manor~~
STREET ADDRESS ~~Crescent City, FL 32112~~
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME JACOBS, BONNIE
STREET ADDRESS 140 CRESTBREEZE MANOR
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE SD ☒ Change ☐ Addition
NAME Barbara Beerbower
STREET ADDRESS 127 Crestbreeze Manor
CITY-ST-ZIP Crescent City, FL 32112

TITLE TD ☐ Delete
NAME DUDLEY, ANN
STREET ADDRESS P.O. BOX 1202 (N.A.)
CITY-ST-ZIP BUNNELL FL 32110

TITLE ☒ Change ☐ Addition
NAME ~~144 Crestbreeze Manor~~
STREET ADDRESS ~~Crescent City, FL 32112~~
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 *Ann Dudley*

Ann Dudley

904-439-3068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)