

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744691

1. Entity Name

CREST ASSOCIATION OF RETIRED PERSONS, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90126 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

% EDITH BERMAN  
2886 FERNLEY DR. E. #60  
W PALM BEACH FL 33415

% EDITH BERMAN  
2886 FERNLEY DR. E. #60  
W PALM BEACH FL 33415-8333

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1851940

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

EDITH BERMAN  
2886 FERNLEY DR E 60  
WEST PALM BEACH FL 33415

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

**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 ☐ Delete  
NAME D  
STREET ADDRESS KRILL, AGNES  
CITY-ST-ZIP 2650-B BARKLEY DR. E  
WEST PALM BEACH FL 33415

TITLE ☐ Change ☒ Addition  
NAME VP  
STREET ADDRESS BERMAN, PHILIP  
CITY-ST-ZIP 2715-B DUDLEY DR. W.  
West Palm Beach, Fl. 33415

TITLE ☐ Delete  
NAME ASD  
STREET ADDRESS DOSREMAN, LEONA  
CITY-ST-ZIP 2824 CROSLY DR.,W.  
W PALM BEACH, FL 00000

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

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS STERN, HAROLD  
CITY-ST-ZIP 5443-E CRESTHAVEN BLVD  
W PALM BEACH, FL 00000

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WORDEN, LINDEN  
CITY-ST-ZIP 2811-H ASHLEY DR E  
W PALM BEACH FL

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00

561-968-2207

CR2E037 (9/99)