

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90164 050 ****61.25

DOCUMENT # 745635 ✓

1. Entity Name

CRANE CREEK P.O. A.
 INC

Principal Place of Business

Mailing Address

CRANE CREEK POA INC -
 725 NORTH AIA #C110
 JUPITER, FL 33477

A0051151

2. Principal Place of Business

725 NORTH AIA #C110

3. Mailing Address

725 NORTH AIA #C110

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JUPITER, FL

City & State

JUPITER, FL

4. FEI Number

59-1898734

Applied For

Not Applicable

Zip

Country

Zip

Country

33477 USA

33477 USA

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

Name

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

C/O BRISTOL management
 725 NORTH AIA #C110

City

JUPITER

FL

Zip Code

33477

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
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME PD
 STREET ADDRESS JOE RICE
 CITY-ST-ZIP 1859 CRANE CREEK AVE.
 PALM CITY, FL 34990

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME VPB
 STREET ADDRESS BOB MADON CREEK
 CITY-ST-ZIP 1766 CRANE CIRCLE
 PALM CITY, FL 34990

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME SD
 STREET ADDRESS KAREN GRISWOLD
 CITY-ST-ZIP 1793 CRANE CREEK AVE
 PALM CITY, FL 34990

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME TD
 STREET ADDRESS SUE GARNER
 CITY-ST-ZIP 2482 SW PACQUET CLUB
 PALM CITY, FL 34990

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME D
 STREET ADDRESS JOHN LOVELAND
 CITY-ST-ZIP 3054 WIMBLEDON CIRCLE
 PALM CITY, FL 34990

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME D
 STREET ADDRESS PAT LEE
 CITY-ST-ZIP 3612 SW MASHIE COURT
 PALM CITY, FL 34990

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:

John Loveland

4/2/01 561-575-3551

CR2E037 (9/99)