

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90019 037 ***150.00

DOCUMENT # 817619

1. Entity Name

CRAWFORD HOMES, INC.

Principal Place of Business

Mailing Address

**1629 WINCHESTER RD
P.O. BOX 30185 AMF
MEMPHIS TN 38130**

**1629 WINCHESTER RD
P.O. BOX 30185 AMF
MEMPHIS TN 38130-0185**

C0012264



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

72-0452269

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Brian Lower

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

Orange Lake Country Club

8505 West Irlo Bronson Memorial Hwy

City
Kissimmee,

FL

Zip Code
34747

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

1/19/2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, KEMMONS	
STREET ADDRESS	1629 WINCHESTER	
CITY-ST-ZIP	MEMPHIS, TN 00000	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	WILSON, C KEMMONS JR	
STREET ADDRESS	1629 WINCHESTER	
CITY-ST-ZIP	MEMPHIS, TN 0	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	WILSON, ROBERT	
STREET ADDRESS	1629 WINCHESTER	
CITY-ST-ZIP	MEMPHIS, TN 0	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, SPENCE L	
STREET ADDRESS	1629 WINCHESTER	
CITY-ST-ZIP	MEMPHIS, TN 0	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

1-13-00

Date

901-346-8800

Daytime Phone #

CR2E034 (9/99)