

# 2001 UNIFORM BUSINESS REPORT (UBR)

141.5

0008009 AF

DOCUMENT # A00000000845

1. Entity Name

CROSS FAMILY, LTD.

FILED

2001 MAY 11 AM 10:52

DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5505 FAIRWAY PARK DRIVE  
#102  
BOYNTON BEACH FL 33437

Mailing Address

5505 FAIRWAY PARK DRIVE  
#102  
BOYNTON BEACH FL 33437

2. Principal Place of Business

*same*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

CROSS, DANIEL  
5505 FAIRWAY PARK DRIVE  
#102  
BOYNTON BEACH FL 33437

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 *Daniel Cross*

(NOTE: Registered Agent signature required when reinstating)

DATE

5/2/01

9. Capital Contributions  
as Shown on record.

\$0.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME CROSS, DANIEL  
STREET ADDRESS 5505 FAIRWAY PARK DRIVE #102  
CITY-ST-ZIP BOYNTON BEACH FL 33437

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME CROSS, ARLENE B  
STREET ADDRESS 5505 FAIRWAY PARK DRIVE #102  
CITY-ST-ZIP BOYNTON BEACH FL 33437

STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Daniel Cross*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/12/01 561 7387909

Date

Daytime Phone #

CR2E003 (11/00)