

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26464**

1. Entity Name

CREWSVILLE SWEETWATER LIMITED I

Principal Place of Business

**5301 OAKLAND ROAD
SEBRING FL 33870**

Mailing Address

**5301 OAKLAND ROAD
SEBRING FL 33870-5680**

2. Principal Place of Business

5301 MIKE KAHN RD

3. Mailing Address

5301 MIKE KAHN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2942628

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CREWSVILLE SWEETWATER, INC.
5301 OAKLAND ROAD
SEBRING FL 33870**

7. Name and Address of New Registered Agent

Name

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

5301 MIKE KAHN RD

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

9. Capital Contributions
as Shown on record.

\$1,320,000.00

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

DOCUMENT # **J65429**
NAME **CREWSVILLE SWEETWATER INC.**
STREET ADDRESS **5301 OAKLAND ROAD**
CITY - ST - ZIP **SEBRING FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

5301 MIKE KAHN RD

CITY - ST - ZIP

STREET ADDRESS

400003121624--1

CITY - ST - ZIP

**02/02/00 01106 015
526.25 *526.25**

DOCUMENT #
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MARVIN KAHN

1-21-00

863-385-6136

Date

Daytime Phone #

FILED

00 JAN 31 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE