

2001 UNIFORM BUSINESS REPORT (UBR)

0010568 AF

DOCUMENT # A26464

1. Entity Name

CREWSVILLE SWEETWATER LIMITED I

Principal Place of Business

**5301 MIKE KAHN ROAD
SEBRING FL 33870**

Mailing Address

**5301 MIKE KAHN ROAD
SEBRING FL 33870**

FILED

01 JAN 24 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

220 S Commerce Ave

3. Mailing Address

P.O. Box 3346

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING, FL

City & State

SEBRING, FL

4. FEI Number

59-2942628

Applied For

Not Applicable

Zip

33870

Country

USA

Zip

33871

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CREWSVILLE SWEETWATER, INC.
5301 MIKE KAHN ROAD
SEBRING FL 33870**

7. Name and Address of New Registered Agent

Name

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

220 S Commerce Ave

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **J65429**
NAME **CREWSVILLE SWEETWATER INC.**
STREET ADDRESS **5301 MIKE KAHN ROAD**
CITY-ST-ZIP **SEBRING FL 33870**

STREET ADDRESS **220 S Commerce Ave**
CITY-ST-ZIP **SEBRING FL 33870**

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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:

MARVIN KAHN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-17-01
Date

863-385-6176
Daytime Phone #

CR2E003 (11/00)