

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31032**

1. Entity Name

CROSSROADS ALLIANCE, L.P., A DELAWARE LIMITED PA

FILED

01 SEP -4 PM 12:17

Principal Place of Business
**1216 N. TUSTIN AVE.
ORANGE CA 92867**

Mailing Address
**1216 N. TUSTIN AVE.
ORANGE CA 92867**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business
204 East 17th Street

3. Mailing Address
204 East 17th Street

DUE BY SEPTEMBER 26, 2001

Suite, Apt. #, etc.
Suite 202

Suite, Apt. #, etc.
Suite 202

City & State
Costa Mesa, CA

City & State
Costa Mesa, CA 92627

4. FEI Number
33-0318916

Applied For
☐ Not Applicable

Zip
92627

Country
USA

Zip
92627

Country
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

**WILLIAMS, JIMMIE D
1515 MICHIGAN AVENUE
KISSIMMEE FL 34744**

Name
Law Offices DeCubellis & Meeks Professional Association
Street Address (P.O. Box Number is Not Acceptable)
837 North Garland Avenue
City **Orlando** **FL** Zip Code **32801**

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. **\$7,500.00**

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 # **A31279**
NAME **INDEPENDENT DEV. CO.L.P.**
STREET ADDRESS **1216 N. TUSTIN AVE.**
CITY-ST-ZIP **ORANGE CA 92867**

STREET ADDRESS **204 East 17th Street, Suite 202**
CITY-ST-ZIP **Costa Mesa, CA 92627**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

200004573142--7
-09/06/01--01092--031
*******3.50 *****3.50**
200004573142--7
-09/06/01--01092--032
*******137.75 *****137.75**

DOCUMENT #
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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:

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

7-27-01 (941) 744-2669
Date Daytime Phone #

CR2E003 (5/01)

UNIFORM AB

STAPLE CHECK HERE