

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001752

1. Entity Name

CRANE'S COVE CONDOMINIUMS, LTD.

Principal Place of Business

4255 SILVER PINE STREET
KISSIMMEE FL 34746

Mailing Address

4255 SILVER PINE STREET
KISSIMMEE FL 34746-3239

FILED

00 MAY -2 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

815 Emmett ST
Suite, Apt. #, etc.

3. Mailing Address

815 EMMETT ST
Suite, Apt. #, etc.

City & State

Kissimmee, FL
Zip 34741 Country U.S.

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Kissimmee, FL
Zip 34741 Country U.S.

4. FEI Number

59-3288184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TODD, EVAN J
4255 SILVER PINE STREET
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name TODD, EVAN J.

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

815 EMMETT ST
Kissimmee, FL 34741

City Kissimmee, FL Zip Code 34741

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

DOCUMENT # P94000086976
NAME T, R & R INTERNATIONAL, INC.
STREET ADDRESS 4255 SILVER PINE STREET
CITY - ST - ZIP KISSIMMEE FL 34746

13. ADDRESS CHANGES ONLY

STREET ADDRESS 815 EMMETT ST
CITY - ST - ZIP Kissimmee, FL 34741

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/27/00

Date

Daytime Phone #

407-932-4194

CR2E003 (9/99)