

2001 UNIFORM BUSINESS REPORT (UBR)

980685 SP

DOCUMENT # A96000001421

1. Entity Name

WHITE CROW, LTD.

FILED

01 APR 13 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3463 ARBOR DRIVE
SPRING HILL FL 34607

Mailing Address

3463 ARBOR DRIVE
SPRING HILL FL 34607

2. Principal Place of Business

3. Mailing Address

3463 HARBOR DRIVE

3463 HARBOR DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRING HILL FL 34607

City & State

SPRING HILL FL

Zip

34607

Country

USA

Zip

34607

Country

USA

4. FEI Number

59-3393413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SARCHET, WILLIAM
2908 SABER DRIVE
CLEARWATER FL 34619

7. Name and Address of New Registered Agent

Name

SARCHET, WILLIAM

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

3463 HARBOR DRIVE

City

SPRING HILL

FL

Zip Code

34607

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

William Sarchet 6P

WILLIAM SARCHET 6P

4.9.01

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.

\$2,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

2,500.00

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 #
NAME SARCHET, WILLIAM
STREET ADDRESS 3463 ARBOR DRIVE
CITY-ST-ZIP SPRING HILL FL 34607

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4.9.01

Date

352-596-9554

Daytime Phone #

CP2E003 (11/00)