

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001351**

1. Entity Name

CRABTREE & CRABTREE PROPERTIES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -5 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business
% CRABTREE REAL ESTATE CORPORATION
6756 RAMOTH DRIVE
JACKSONVILLE FL 32226

Mailing Address
% CRABTREE REAL ESTATE CORPORATION
6756 RAMOTH DRIVE
JACKSONVILLE FL 32226-3206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3454803

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~COLEMAN, C. RANDOLPH~~
~~9250 BAYMEADOWS ROAD, SUITE-230~~
~~JACKSONVILLE FL 32256~~

Name **Walter L. Johnston**

Street Address (P.O. Box Number is acceptable)
1329 Kingsley Ave.
Suite 10

City **Orange Park**

FL

Zip Code
32073

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

Walter L. Johnston, CPA

2/26/2000

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.

\$233,420.00

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 # **P97000054345**
NAME **CRABTREE REAL ESTATE CORPORATION**
STREET ADDRESS **6756 RAMOTH DRIVE**
CITY - ST - ZIP **JACKSONVILLE FL 32226**

STREET ADDRESS

CITY - ST - ZIP

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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)(l), 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:

William R. Johnston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-12-00

Date

Daytime Phone #

CR2E003 (9/99)