

2002 UNIFORM BUSINESS REPORT (UBR)

0019406 AB

DOCUMENT # B96000000485

1. Entity Name
CRESTVIEW RV PARK, LTD.

FILED

02 APR 30 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2733 ROSS CLARK CIRCLE
DOTHAN AL 36301**

Mailing Address
**P.O. BOX 5566
DOTHAN AL 36302**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2002

4. FEI Number **72-1363532**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$0.00**

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 #	ARONOV, JAKE F	STREET ADDRESS	
NAME	3500 EASTERN BLVD.	CITY-ST-ZIP	
STREET ADDRESS	MONTGOMERY AL 36116		
CITY-ST-ZIP			
DOCUMENT #	ARONOV, OWEN W	STREET ADDRESS	
NAME	3500 EASTERN BLVD.	CITY-ST-ZIP	
STREET ADDRESS	MONTGOMERY AL 36116		
CITY-ST-ZIP			
DOCUMENT #	BLUMBERG, LARRY G	STREET ADDRESS	
NAME	2733 ROSS CLARK CIRCLE	CITY-ST-ZIP	
STREET ADDRESS	DOTHAN AL 36301		
CITY-ST-ZIP			
DOCUMENT #	BLUMBERG, RICHARD H	STREET ADDRESS	
NAME	2733 ROSS CLARK CIRCLE	CITY-ST-ZIP	
STREET ADDRESS	DOTHAN AL 36301		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

000005503590--1
-05/10/02--01080--010
****141.25 ****141.25

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: *Richard H. Blumberg* **4-24-02** **(334) 793-6855**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)