

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F31999

1. Entity Name

CRESTVIEW AREA DEVELOPMENT CORPORATION

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90048 003 ***150.00

Principal Place of Business

806 JAMES LEE BLVD
CRESTVIEW FL 32536
US

Mailing Address

806 JAMES LEE RD
CRESTVIEW FL 32536
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2124042

Applied For

Not Applicable

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

TATE, ROBERT E
806 JAMES LEE BLVD
CRESTVIEW FL 32536

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	TATE, ROBERT E	
STREET ADDRESS	806 JAMES LEE BLVD	
CITY-ST-ZIP	CRESTVIEW, FL 00000	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HALL, ROGER	
STREET ADDRESS	151 REDSTONE AVE SE	
CITY-ST-ZIP	CRESTVIEW, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WORDELL, MARLAND	
STREET ADDRESS	198 WEDGEWOOD LN	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, BILL	
STREET ADDRESS	115 COURTHOUSE TERR	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLARK, TIM	
STREET ADDRESS	6061 W DOGWOOD DR	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.20.00

Date

(850) 682-5127

Daytime Phone #

CR2E034 (9/99)