

2001 UNIFORM BUSINESS REPORT (UBR)

0302296

DOCUMENT # F97000006411

1. Entity Name
CROCKER REALTY TRUST INC.

FILED

01 APR 17 PM 12:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
433 PLAZA REAL SUITE 335
BOCA RATON FL 33432

Mailing Address
433 PLAZA REAL SUITE 335
BOCA RATON FL 33432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-2062993

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PVC
ACKERMAN, RICHARD S
433 PLAZA REAL, SUITE 335
BOCA RATON FL 33432

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

700004135047--4
-05/03/01--01150--003
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
BECKER, CHRISTOPHER L
433 PLAZA REAL, SUITE 335
BOCA RATON FL 33432

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

700004135047--4
-05/03/01--01150--004
*****8.75 *****8.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
ONISKO, ROBERT E
433 PLAZA REAL, SUITE 335
BOCA RATON FL 33432

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CCEO
CROCKER, THOMAS J
433 PLAZA REAL, SUITE 335
BOCA RATON FL 33432

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
NEIBART, LEE
1301 AVENUE OF THE AMERICAS, 38TH FLOOR
NEW YORK NY 10019

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
JACOBSSON, JOHN R
1301 AVENUE OF THE AMERICAS, 38TH FLOOR
NEW YORK NY 10019

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

4/12/01
Date

(561) 395-9666
Daytime Phone #

CR2E034 (10/00)