

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90359 042 ***158.75

DOCUMENT # G23570

1. Entity Name
CRF MANAGEMENT CO., INC.

Principal Place of Business 5015 S. FLORIDA AVE. SUITE 200 LAKELAND FL 33813 US	Mailing Address P.O. BOX 5252 LAKELAND FL 33807-5252 US
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2254019** 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
MCFARLANE, PETER A. ESQ 5015 S. FLORIDA AVE., 215 4740 CLEVELAND HEIGHTS BLVD. LAKELAND FL 33813	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, LAWRENCE W.	NAME	
STREET ADDRESS	5015 S. FLORIDA AVE. #200	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOATS, RAYMOND	NAME	
STREET ADDRESS	5015 S. FLORIDA AVENUE 3200	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, LAWRENCE T	NAME	
STREET ADDRESS	5015 S. FLORIDA AVE. #200	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALK, BENJAMIN	NAME	
STREET ADDRESS	5015 S. FLORIDA AVENUE #200	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCHIS, GOERGE J	NAME	
STREET ADDRESS	5015 S. FLORIDA AVENUE #200	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Lawrence Falk* **5/11/2000** **863/647-1581**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)