

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90030 034 ***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

500 S. Florida Ave
 Suite 700

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Zip

33801

Country

USA

Country

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

McFARLANE, PETER A. ESQ
 5015 S. FLORIDA AVE., 215
 4740 CLEVELAND HEIGHTS BLVD.
 LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name Peter A. McFarlane Esq.
 Street Address (P.O. Box Number is Not Acceptable)
500 S. Florida Ave
Suite 700
 City Lakeland FL Zip Code 33801

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

Peter A. McFarlane

Peter A. McFarlane

2/22/02

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, 2002 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

TITLE D ☐ Delete
 NAME MAXWELL, LAWRENCE W.
 STREET ADDRESS 5015 S. FLORIDA AVE. #200
 CITY-ST-ZIP LAKELAND FL

TITLE DP ☒ Delete
 NAME MOATS, RAYMOND
 STREET ADDRESS 5015 S. FLORIDA AVENUE 3200
 CITY-ST-ZIP LAKELAND FL

TITLE P ☐ Delete
 NAME MAXWELL, LAWRENCE T
 STREET ADDRESS 5015 S. FLORIDA AVE. #200
 CITY-ST-ZIP LAKELAND FL

TITLE ST ☐ Delete
 NAME FALK, BENJAMIN
 STREET ADDRESS 5015 S. FLORIDA AVENUE #200
 CITY-ST-ZIP LAKELAND FL

TITLE V ☐ Delete
 NAME BOCHIS, GOERGE J
 STREET ADDRESS 5015 S. FLORIDA AVENUE #200
 CITY-ST-ZIP LAKELAND FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Assistant Secretary/Treasurer ☐ Change ☒ Addition
 NAME Bridget Ebidrup
 STREET ADDRESS 500 S. Florida Ave Suite 700
 CITY-ST-ZIP Lakeland, FL 33801

TITLE ~~Deputy Secretary/Treas~~ ☐ Change ☒ Addition
 NAME Kim Kelley
 STREET ADDRESS 500 S. Florida Ave Suite 700
 CITY-ST-ZIP Lakeland, FL 33801

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02

863-647-1581

Date

Daytime Phone #

CR2E034 (9/01)