

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90006 012 \*\*\*150.00

0079421

**DOCUMENT # G25705**

1. Entity Name

**C & R JOINT VENTURES, INC.**

Principal Place of Business

Mailing Address

**1030 GRAY RD  
 COCOA FL 32926  
 US**

**1030 GRAY RD  
 COCOA FL 32926  
 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 **59-2442791**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROWE, MORRIS A.  
 1030 GRAY RD  
 COCOA FL 32926**

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          | PD                           | <input type="checkbox"/> Delete |
| NAME           | ROWE, MORRIS A.              |                                 |
| STREET ADDRESS | 1030 GRAY ROAD               |                                 |
| CITY-ST-ZIP    | COCOA FL                     |                                 |
| TITLE          | D                            | <input type="checkbox"/> Delete |
| NAME           | COWART, J.                   |                                 |
| STREET ADDRESS | 829 NORTH INDIAN RIVER DRIVE |                                 |
| CITY-ST-ZIP    | COCOA FL                     |                                 |
| TITLE          | S                            | <input type="checkbox"/> Delete |
| NAME           | ADAMS, DOROTHY E             |                                 |
| STREET ADDRESS | 983 LONG MEADOW LN           |                                 |
| CITY-ST-ZIP    | MELBOURNE FL                 |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| 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          | T                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Reid, LeeAnn             |  |
| STREET ADDRESS | 1340 Fiddler Avenue      |  |
| CITY-ST-ZIP    | Merritt Island, FL 32952 |  |
| 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

LeeAnn Reid, Treasurer

02/28/01

321-632-2600

Date

Daytime Phone #

CR2E034 (10/00)