

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G61112**

1. Entity Name

CRUME BAILEY & COMPANY INCORPORATED**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90132 049 ***150.00

0161302

Principal Place of Business 2801 PONCE DE LEON BLVD. SUITE #1140 CORAL GABLES FL 33134 US	Mailing Address 2801 PONCE DE LEON BLVD. SUITE #1140 CORAL GABLES FL 33134 US
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2. Principal Place of Business 12020 SW 122 Terrace Suite, Apt. #, etc.	3. Mailing Address 1025 ALMERIA AVENUE Suite, Apt. #, etc.
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City & State MIAMI, FL.	City & State CORAL GABLES, FL.
Zip 33186	Zip 33134
Country DADE	Country DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2360943	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRUME, BARBARA J 2801 PONCE DE LEON BLVD SUITE 1140 CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name (SAME) BARBARA J. CRUME Street Address (P.O. Box Number is Not Acceptable) 1025 ALMERIA AVENUE City CORAL GABLES FL Zip Code 33134
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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 Barbara J. Crume DATE 4/23/01
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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	CD CRUME, JOHN F. 1025 ALMERIA AVE. CORAL GABLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, ROBERT J. 1000 COLD BOTTOM ROAD SPARKS MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: John F. Crume CHAIRMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/23/01
Date305-444-7200
Daytime Phone #

CR2E034 (10/00)