

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90041 010 ***150.00

0031242

DOCUMENT # H45329

1. Entity Name

CROSS CREEK REALTY, INC.

Principal Place of Business

Mailing Address

**3409 W. CO. HWY. 30-A
SANTA ROSA BEACH FL 32459
US****3409 W. CO. HWY 30-A
SANTA ROSA BEACH FL 32459
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2501479**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

**JASIN, DAVID A.
3409 W. CO. HWY. 30-A
SUITE 2
SANTA ROSA BEACH FL 32459**

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
M	JASIN, DAVID A.	3409 W. CO. HWY. 30-A	SANTA ROSA BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	JASIN, BETTY C	3409 W. CO. HWY. 30-A	SANTA ROSA BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VTD	MATHEWS, LILIANA	4000 TOWER SIDE TERR #1603 QUAYSIDE	MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

DAVID A. JASIN

4/4/01

Date

(350) 267-9231

Daytime Phone #

CR2E034 (10/00)