

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90039 028 ***150.00

DOCUMENT # **J79266**

1. Entity Name

CRESCENT FOREST DEVELOPMENT CORPORATION

Principal Place of Business C/O DAVID W. WILLIAMS P.O. BOX 2003 NEW PORT RICHEY FL 34856 US	Mailing Address C/O DAVID W. WILLIAMS P.O. BOX 2003 NEW PORT RICHEY FL 34856-2003 US
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DO NOT WRITE IN THIS SPACE

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 59-2741086	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

WILLIAMS, DAVID W.
10440 KEY LANTERN DR
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, DAVID W.	
STREET ADDRESS	8980 CRESCENT FOREST BLVD	
CITY-ST-ZIP	NEW PT RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, PATRICIA L.	
STREET ADDRESS	8416 CESSNA DRIVE	
CITY-ST-ZIP	NEW PT RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NATARAJAN, G.	
STREET ADDRESS	151 SUNSET BLVD. #12	
CITY-ST-ZIP	NEW PT RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEHAR, RAYMOND J.	
STREET ADDRESS	1732 HICKORY GATE-DR N	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAUS, MATTHEW A.	
STREET ADDRESS	320 HIGH ST.	
CITY-ST-ZIP	NEW PT RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAUS, HELEN A.	
STREET ADDRESS	320 HIGH ST.	
CITY-ST-ZIP	NEW PT RICHEY FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<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: DAVID W WILLIAMS 1/25/00 727-861-0728
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)