

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K20664

1. Entity Name

CROSSFIELD PROPERTIES, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90164 039 \*\*\*150.00

Principal Place of Business

Mailing Address

% ROBERT G. FURMAN  
1663 MOUND ST  
SARASOTA FL 34236

% ROBERT G. FURMAN  
1663 MOUND ST  
SARASOTA FL 34236-7715

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0051678

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

FURMAN, ROBERT G.  
1663 MOUND ST  
SARASOTA FL 34236

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME FURMAN, ROBERT G.  
STREET ADDRESS 1663 MOUND ST  
CITY-ST-ZIP SARASOTA FL

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

TITLE D ☐ Delete  
NAME STEWART, CAROLYN  
STREET ADDRESS 20096 SO OHIO STR APT 5  
CITY-ST-ZIP DUNNELLON FL

TITLE ☒ Change ☐ Addition  
NAME Stewart, Carolyn  
STREET ADDRESS 104 Lake Susan Dr.  
CITY-ST-ZIP West Palm Beach, FL 33411

TITLE STD ☐ Delete  
NAME HUEBERT, GWENDOLYN  
STREET ADDRESS 5594 BENEVA WOODS CIRCLE  
CITY-ST-ZIP SARASOTA FL

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

TITLE D ☐ Delete  
NAME EICKLEMAN, VIRGINIA  
STREET ADDRESS 3881 PRAIRE DUNES DRIVE  
CITY-ST-ZIP SARASOTA FL

TITLE ☒ Change ☐ Addition  
NAME Eickelmann, Virginia  
STREET ADDRESS 6823 Sagebrush Cir.  
CITY-ST-ZIP Sarasota, FL 34243

TITLE VD ☐ Delete  
NAME FURMAN, RICHARD L.  
STREET ADDRESS 434 ORANGE AVE.  
CITY-ST-ZIP SARASOTA FL

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

TITLE ☐ Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. Furman 4/3/00 365-7891

Date

Daytime Phone #

CR2E034 (9/99)