

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K77210**

1. Entity Name

CRESCENT VIEW BEACH CLUB, INC.**FILED****Feb 29, 2000 8:00 am**
Secretary of State

02-29-2000 90159 025 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% BILL MERRILL, III
2033 MAIN ST., #600
SARASOTA FL 34237% BILL MERRILL, III
2033 MAIN ST., #600
SARASOTA FL 34237-6091

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0109943

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

MERRILL, WILLIAM W., III
2033 MAIN STREET, SUITE 600
SARASOTA FL 34237

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 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 DP
NAME MEWHIRTER, GERALD R.
STREET ADDRESS 672 BRUSHGROVE
CITY-ST-ZIP AURORA ON ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE DT
NAME KERSHAW, JOHN P.
STREET ADDRESS 24 SOLWAY CT
CITY-ST-ZIP AGINCOURT, ONTARIO ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE SD
NAME WALTER, PETER M.
STREET ADDRESS ROYAL ROUTE 1, MEADOWLARK
CITY-ST-ZIP SCHOMBERG, ONTARIO ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D
NAME MEWHIRTER, KEVIN PAUL
STREET ADDRESS 672 BRUSHGROVE
CITY-ST-ZIP AURORA ON ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D
NAME THORPE, RICHARD J.
STREET ADDRESS 42 MORGANDALE CRESCENT
CITY-ST-ZIP AGINCOURT, ONTARIO ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 9, 2000 (905) 859-4358

Date

Daytime Phone #

CR2E034 (9/99)