

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005385

1. Entity Name
CROWN POINTE V, LLC

Principal Place of Business
4020 NEWBERRY RD. STE 500
GAINESVILLE FL

Mailing Address
4020 NEWBERRY RD. STE 500
GAINESVILLE FL

2. Principal Place of Business

3. Mailing Address

P.O. BOX 5068

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GAINESVILLE, FL

4. FEI Number

59-3649894

Applied For

Not Applicable

Zip

Country

Zip

32627-5068

Country

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN JR, LEWIS
4020 NEWBERRY RD, STE 500
GAINESVILLE FL

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
OPERATING MANAGER
LEWIS BROWN JR.
4020 NEWBERRY ROAD, STE. 500
GAINESVILLE, FLORIDA 32607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
0000003708442-00
-02/19701-01004-003
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

LEWIS BROWN JR. 31 JAN 2001 352-371-5854

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CR2E083 (11/00)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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