

2001 UNIFORM BUSINESS REPORT (UBR)

0027496 AF

DOCUMENT # **L00000007072**

1. Entity Name
CRESCENT SEMINOLE LLC

FILED

01 APR 17 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**400 SOUTH TRYON STREET, SUITE 1300
CHARLOTTE NC 28201**

Mailing Address
**400 SOUTH TRYON STREET, SUITE 1300
CHARLOTTE NC 28201**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 1300

Suite, Apt. #, etc.

Suite 1300

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

58-255830-2

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMPSON, JOHN R JR
280 WEST CANTON AVENUE, SUITE 410
WINTER PARK FL 32789**

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**

**500004076955--1
-04/25/01--01047--014
*****100.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
Crescent Resources LLC
STREET ADDRESS **400 S. Tryon St Suite 1300**
CITY-ST-ZIP **PO Box 1003 Charlotte NC 28201-1003**

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

TITLE NAME ☐ Delete
F.F. South Florida, Inc.
STREET ADDRESS **6001 Vineland Rd**
CITY-ST-ZIP **Suite 111 Orlando FL 32819**

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

TITLE NAME ☐ Delete
RKALT Limited Partnership
STREET ADDRESS **7606 Dr. Phillips Blvd**
CITY-ST-ZIP **Orlando FL 32819**

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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: Crescent Seminole LLC
Crescent Resources LLC, Managing Partner

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

4/5/01
Date

704 373 8376
Daytime Phone #

CR2E083 (11/00)