

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010558

1. Entity Name
CROWN PLAZA, L.L.C.

FILED

01 APR 18 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

113 VICTORIAN LANE
JUPITER FL 33458

Mailing Address

113 VICTORIAN LANE
JUPITER FL 33458

2. Principal Place of Business

6400 Melaleuca Lane

3. Mailing Address

Suite, Apt. #, etc.

City & State

Greenacres, FL

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

33463

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIRVIN, D.R. ESQUIRE

1080 EAST INDIANTOWN ROAD, SUITE 101

OCEANSIDE PROFESSIONAL CENTRE

JUPITER FL 33477

7. Name and Address of New Registered Agent

Name Stephen M. White

Street Address (P.O. Box Number is Not Acceptable)

113 Victorian Lane

City Jupiter

FL

Zip Code

33458

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

Stephen M. White (Stephen M. White) - President

4/12/01

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

100004077901--8
-04/25/01--01078--011
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE President ☐ Delete
NAME Stephen M. White
STREET ADDRESS 113 Victorian Lane
CITY-ST-ZIP Jupiter, FL 33458

TITLE Treasurer ☐ Delete
NAME Karen S. White
STREET ADDRESS 113 Victorian Lane
CITY-ST-ZIP Jupiter, FL 33458

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Stephen M. White (Stephen M. White)

4/12/01

561-743-6336

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

Date

Daytime Phone #

CR2E083 (11/00)