

2001 UNIFORM BUSINESS REPORT (UBR)

0241088

DOCUMENT # L14901

1. Entity Name
CRESTWOOD INVESTMENTS, INC.

Principal Place of Business
1512 EAST BROWARD BLVD.
SUITE 200
FT. LAUDERDALE FL 33301

Mailing Address
1512 EAST BROWARD BLVD.
SUITE 200
FT. LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0142738

Applied For
Not Applicable

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

MCCRORY, J. WALTER
1512 EAST BROWARD BLVD., SUITE 200
FT. LAUDERDALE FL 33301

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, 2001 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
NAME DP
STREET ADDRESS MCCRORY, J. WALTER
CITY-ST-ZIP 1512 E. BROWARD BLVD.200
FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS 800004013838--2
CITY-ST-ZIP -04/17/01--01092--006
****150.00 ****150.00

TITLE
NAME DST
STREET ADDRESS ARNOLD, DAN S.
CITY-ST-ZIP 1512 E. BROWARD BLVD.200
FT. LAUDERDALE FL

TITLE
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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:

J. WALTER MCCRORY, PRES.
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-01

Date

954-442-6124

Daytime Phone #

CR2E034 (10/00)

FILED
01 APR -6 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE