## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L17844 1. Entity Name JOHN H. CREW, P.A. Principal Place of Business Mailing Address 101 WEST VENICE AVE. UNIT 12 VENICE FL 34285 US 2. Principal Place of Business Suite, Apt. #, etc. City & State CREW, JOHN H. 101 WEST VENICE AVENUE P 0 BOX 1316 VENICE FL 34284-1316 US 3. Mailing Address City & State City & State City & State City & State CREW, JOHN H. Street Address (P.O. Box Num

## FILED May 03, 2000 8:00 am Secretary of State

05-03-2000 90049 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 65-0146679	Applied For		
					Not Applicabl		
Zip	Country	Zip	Country	5. Certificate of Status Desired	8.75 Additional e.Required		
	6. Name and Address of Curre	nt Registered Agent	1	7. Name and Address of New Registered Ag	ent		
		<del></del>	Name				
CRE\	W, JOHN H.		Character Address	- (DC D- N) basis Not Assessable			
101 WEST VENICE AVENUE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
UNIT							
VENICE FL 34285							
			City	FL	Zip Code		
The above	named entity submits this statement	t for the purpose of changing it	s reaistered office or reais	tered agent, or both, in the State of Florida.	·		
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0.14#1.10F							
GNATURE _	Signature, typed or printed name of registered age	ent and title if applicable (NO	TE: Registered Agent signature requ	red when reinstating) DATE	<del>-</del>		
•	pration is eligible to satisfy its Intangil		'!!! FEE IS \$150.00	10. Election Campaign Financing	\$5.00 May Be		
•	equirement and elects to do so.	_   '	000 Fee will be \$550.00 ble to Department of S	i just runa Continuation.	Added to Fees		
,					DIRECTORS IN 11		
		ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND D			
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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

4 24/00 941-485-1040
Daytime Phone #

TOWN I CREW PRECIDENT