

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L46042

1. Entity Name

CRAWFORD HOMES, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90017 038 \*\*\*150.00

Principal Place of Business

Mailing Address

767 BLANDING BLVD  
#106  
ORANGE PARK FL 32073  
US

767 BLANDING BLVD  
#106  
ORANGE PARK FL 32073-2857  
US

2. Principal Place of Business

320 CORPORATE WAY

3. Mailing Address

320 CORPORATE WAY

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

Zip

32073

Country

USA

Zip

32073

Country

USA

4. FEI Number

59-2994079

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

CRAWFORD, NANCY JANE  
1896 SALT MYRTLE LANE  
ORANGE PARK FL 32073

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, 2000 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	PT	<input type="checkbox"/> Delete
NAME	CRAWFORD, MICHAEL D	
STREET ADDRESS	1971 CLOISTER CT	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CRAWFORD, JOHN DAVID	
STREET ADDRESS	1896 SALT MYRTLE LANE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	Asst. V.P.	<input type="checkbox"/> Delete
NAME	Karen A. Ostrosky	
STREET ADDRESS	1971 Sussex Dr. N.	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	769 CHERRY GROVE ROAD	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00

Date

Daytime Phone #

904 264 5600

CR2E034 (9/99)