

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90050 012 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #L77194
 1. Entity Name
CRESCENT CLUB, INC.

644740

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6519 Midnight Pass Rd		3. Mailing Address 799 Tropical Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34242	Country US	Zip 34242	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 591541607		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Julie A. Brown
Street Address (P.O. Box Number is Not Acceptable) 799 Tropical Circle
City Sarasota
State FL
Zip 34242

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.

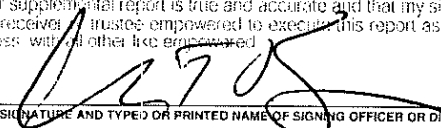
SIGNATURE _____ (NOTE: Registered Agents Signature Required when reinstating) _____ DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE P	NAME Julie A. Brown	TITLE	
STREET ADDRESS 799 Tropical Circle	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP Sarasota, FL 34242	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE VP	NAME Kevin T. Brown	TITLE	
STREET ADDRESS 799 Tropical Circle	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP Sarasota, FL 34242	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	
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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)(f), 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, trustee, empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other fees encumbered.

SIGNATURE:  **4/18/02** **941 3463370**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitized Prefix #

CR2E034B (12/01)