

2001 UNIFORM BUSINESS REPORT (UBR)

002 309 AF

DOCUMENT # **L96000000169**

FILED

1. Entity Name
CRUSADE INVESTMENTS, L.C.

01 APR -9 AM 7:46

Principal Place of Business
103 RIVER HEIGHTS DR
COCOA FL 32922

Mailing Address
P.O. BOX 540206
MERRITT ISLAND FL 32954

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-3366336**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOVELL, RONALD D
103 RIVER HEIGHTS DR
COCOA FL 32922

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00.
Make Check Payable to Department of State

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-04/16/01--01002--005
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGR LOVELL, RONALD**
STREET ADDRESS ~~1795 HIDDEN LAKE DRIVE~~ **103 River Heights Dr**
CITY-ST-ZIP ~~ROCKLEDGE FL 32955~~ **COCOA FL 32922**

TITLE Change Addition
NAME **MGR Ronald D. Lovell**
STREET ADDRESS **103 River Heights Dr**
CITY-ST-ZIP **Cocoa FL 32922**

TITLE Delete
NAME **MGR WOOLFE, ROBERT**
STREET ADDRESS **1795 HIDDEN LAKE DRIVE**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE Change Addition
NAME **MGR JANIS A. LOVELL**
STREET ADDRESS **103 River Heights Dr**
CITY-ST-ZIP **COCOA FL 32922**

TITLE Delete
NAME **MGR LOVELL JANIS**
STREET ADDRESS **103 River Heights Dr**
CITY-ST-ZIP **COCOA FL 32922**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

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: Ronald D Lovell **RONALD D LOVELL** Date **4/5/01** Daytime Phone # **321 922-7777**

CR2E083 (11/00)