

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000673

1. Entity Name

CROWN INVESTMENT GROUP, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 10 PM 4:37

Principal Place of Business

701 OHIO AVENUE  
LYNN HAVEN FL 32444

Mailing Address

P.O. BOX 250  
LYNN HAVEN FL 32444-0250

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3385944

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

MJH



6. Name and Address of Current Registered Agent

FARRELL, TIM  
701 OHIO AVENUE  
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MEM  
CAMPBELL, TIM  
STREET ADDRESS 222 EAST 4TH STREET  
CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Delete

TITLE NAME M  
CAMPBELL, TROY  
STREET ADDRESS 222 EAST 4TH STREET  
CITY-ST-ZIP PANAMA CITY FL 32402 ☐ Delete

TITLE NAME MGRM  
FARRELL, TIM  
STREET ADDRESS 701 OHIO AVENUE, P.O. BOX 250  
CITY-ST-ZIP LYNN HAVEN FL 32405 ☐ Delete

TITLE NAME MEM  
HAMM, TOMMY  
STREET ADDRESS 4003 BRENTLY CIRCLE  
CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Delete

TITLE NAME MEM  
FOSTER, D. STEPHEN  
STREET ADDRESS 1008 MINNESOTA AVE.  
CITY-ST-ZIP LYNN HAVEN FL 32444 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
200003099782--7  
-01/14/00--01103--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*Tim Farrell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/7/00 (850) 265-2181  
Date Daytime Phone #

0014136 AF

CR2E083 (9/99)