

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000543**

1. Entity Name

**CRIB TO COLLEGE L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00-SEP-8 AM 10:02

Principal Place of Business

1909 EAST OLIVE ROAD  
PENSACOLA FL 32514

Mailing Address

1909 EAST OLIVE ROAD  
PENSACOLA FL 32514

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3568039**

Applied For

Not Applicable

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

**SCHROLL, STEVE**

**3038 EAGLE POINT DRIVE  
PACE FL 32571**

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

*Steve Schroll*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8/31/00**  
DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SCHROLL, STEVE  
3038 EAGLE POINT DRIVE  
PACE FL 32571** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**200003391842--4  
-09/13/00--01076--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BOBE, COREY  
6000 NORTHWOOD CT.  
MILTON FL 32570** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

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

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 ☐ Change ☐ Addition

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 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**8-31-00**

Date

**(850) 477-2142**

Daytime Phone #

CR2E083 (5/00)