

2000 UNIFORM BUSINESS REPORT (UBR)

0014412 AF

DOCUMENT # L98000000668

1. Entity Name
CRESCENT TELECOM RESOURCE, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 10 AM 9:30

Principal Place of Business
11755 W FISHERMAN LANE
HOMOSASSA FL 34448

Mailing Address
11755 W FISHERMAN LANE
HOMOSASSA FL 34448-3303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3516814

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

MATHEW, JOHN L
11755 W FISHERMAN LANE
HOMOSASSA FL 34448

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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MATHEW, JOHN L
11755 W FISHERMAN LN
HOMOSASSA FL 34448 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003144369--1
-02/23/00--01034--024
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MATHEW, PATRICIA A
11755 W FISHERMAN LN
HOMOSASSA FL 34448 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
mf 2/22/00 ☐ Change ☐ Addition

TITLE
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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:

John L. Mathew
JOHN L. MATHEW

Date

1/27/00

Daytime Phone #

352-621-3999

CR2E083 (9/99)