

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001372 AF

DOCUMENT # L99000002898

1. Entity Name

CROWN RESTAURANT POINCIANA, L.L.C.

APPROVED  
AND  
FILED

00 APR 13 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1041 ROYAL OAK COURT  
MELBOURNE FL 32940

Mailing Address

1041 ROYAL OAK COURT  
MELBOURNE FL 32940-7834

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

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WALLIS, MICHAEL M  
1221 EAST NEW HAVEN AVENUE  
MELBOURNE FL 32901

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  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
CROWN MANAGEMENT GROUP, INC.  
1041 ROYAL OAK COURT  
MELBOURNE FL 32940

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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10.

ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

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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

Date

Daytime Phone #

4/6/00

321 253-1339

CR2E083 (9/99)