

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L99000003272

1. Entity Name

CROSCILL ST. AUGUSTINE LLC

00 APR -3 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*inf 4/18*



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O CROSCILL, INC.  
261 FIFTH AVENUE  
NEW YORK NY 10016

Mailing Address

C/O CROSCILL, INC.  
261 FIFTH AVENUE  
NEW YORK NY 10016-7701

2. Principal Place of Business

500 Belz Outlet Blvd

Suite, Apt. #, etc.

#030

City & State

St. Augustine, FL

Zip

32095

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

13-4068332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD, SUITE 508  
MIAMI FL 33156

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 ☐ Delete  
MGRM  
CROSCILL RETAIL HOLDING CORP.  
STREET ADDRESS 261 FIFTH AVENUE  
CITY- ST- ZIP NEW YORK NY 10016

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP  
6000003219156--5  
-04/21/00--01115--024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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CITY- ST- ZIP

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

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:

*RSIGNATURE REQUIRED*

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

3/27/00

Date

Daytime Phone #

CR2E083 (9/99)