

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L99000003667

1. Entity Name
CRUM PROPERTIES LLC

00 MAY 22 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3040 GULF TO BAY BOULEVARD, SUITE 200
CLEARWATER FL 34619

Mailing Address
3040 GULF TO BAY BOULEVARD, SUITE 200
CLEARWATER FL 33759-4318



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

59-3598349

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

BEYER, DAVID A
C/O RUDNICK & WOLFE
101 EAST KENNEDY BOULEVARD, SUITE 2000
TAMPA FL 33602

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
MGRM
CRUM, FRANK W SR
3040 GULF TO BAY BOULEVARD, SUITE 200
CLEARWATER FL 34619

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
600003283536--9
-06/09/00--01100--023
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
CRUM, FRANK W JR
3040 GULF TO BAY BOULEVARD, SUITE 200
CLEARWATER FL 34619

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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: SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2EM (19/98)