2001 UNIFORM BUSINESS REPORT (UBR)

001873S AF

DOCUMENT # L99000003667

1. Entity Name

CRUM PROPERTIES LLC

FILED
01 MAR 26 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3040 GULF TO BAY BOULEVARD. SUITE 200 CLEARWATER FL 34619	3040 GULF TO BAY BOULEVARD. SUITE 200 CLEARWATER FL 34619

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33759	Country	Zip 33759	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3598349 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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		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~~ 33759 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRUM, FRANK W JR 3040 GULF TO BAY BOULEVARD, SUITE 200 CLEARWATER FL ~~34619~~ 33759 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500003961645--8 -04/06/01--01008--012 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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 FRANK W CRUM JR 3/22/01 (727) 726-2786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #