

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004110

1. Entity Name  
CRESCENT INN, L.C.

FILED

01 JUN 28 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business  
451 BEACH RD

3. Mailing Address  
SAME AS BUSINESS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
SARASOTA, FL

City & State

4. FEI Number  
65-0952910

Applied For  
Not Applicable

Zip  
34242

Country

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTHEW P. ELLIS  
451 BEACH RD  
SARASOTA, FL

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 restating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: MANAGER/MEMBER  
NAME: MATTHEW P. ELLIS  
STREET ADDRESS: 451 BEACH RD  
CITY-ST-ZIP: SARASOTA, FL 34242

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS: 100004476721  
CITY-ST-ZIP: -07/16/01--01023--005

TITLE: MANAGER/MEMBER  
NAME: CATHY J. ELLIS  
STREET ADDRESS: 451 BEACH RD  
CITY-ST-ZIP: SARASOTA, FL 34242

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS: \*\*\*\*\*50.00  
CITY-ST-ZIP: \*\*\*\*\*50.00

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CITY-ST-ZIP:  Change  Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

MATTHEW P. ELLIS

6/20/01

941 346 0857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (11/00)