

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

1082
0022305
AF

DOCUMENT # L99000007151

1. Entity Name
CRD INTERNATIONAL, L.C.

01 APR 27 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2033 MAIN ST., STE. 600
SARASOTA FL 34237

Mailing Address
2033 MAIN ST., STE. 600
SARASOTA FL 34237



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

APPLIED FOR

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

MYERS, TROY H JR.
2033 MAIN ST., STE. 600
SARASOTA FL 34237

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

MGR
ALVEY, D. GARY
6001 MEDICI COURT
SARASOTA FL 34243

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

100004193821-7
-05/10/01-01102-020
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

Form **SS-4**(Rev. April 2000)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
CRD INTERNATIONAL, L, C,2 Trade name of business (if different from name on line 1)
SAME3 Executor, trustee, "care of" name
N/A4a Mailing address (street address) (room, apt., or suite no.)
2033 MAIN STREET, SUITE 6005a Business address (if different from address on lines 4a and 4b)
SAME4b City, state, and ZIP code
SARASOTA FL 342375b City, state, and ZIP code
SAME6 County and state where principal business is located
SARASOTA, K FLORIDA7 Name of principal officer, general partner, grantor, owner, or trustor — SSN or ITIN may be required (see instructions) ►
GARY ALVEY SS# 529-52-8412

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- ☐ Sole proprietor (SSN) _____
☐ Partnership ☐ Personal service corp. _____
☐ REMIC ☐ National Guard _____
☐ State/local government ☐ Farmers' cooperative _____
☐ Church or church-controlled organization _____
☐ Other nonprofit organization (specify) ► _____ (enter GEN if applicable)
☒ Other (specify) ► LIMITED LIABILITY COMPANY - DISREGARDED AS SEPARATE ENTITY

8b If a corporation, name the state or foreign country
(if applicable) where incorporatedState
FLORIDAForeign country
N/A

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ►
REAL ESTATE INVESTMENT☐ Banking purpose (specify purpose) ► _____☐ Changed type of organization (specify new type) ► _____☐ Hired employees (Check the box and see line 12.)☐ Purchased going business☐ Created a pension plan (specify type) ► _____☐ Created a trust (specify type) ► _____☐ Other (specify) ► _____10 Date business started or acquired (month, day, year) (see instructions)
10/01/9911 Closing month of accounting year (see instructions)
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ► NONE

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ►

Nonagricultural
0Agricultural
0Household
0

14 Principal activity (see instructions) ► REAL ESTATE INVESTMENT

15 Is the principal business activity manufacturing?

☐ Yes☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.

☐ Business (wholesale)☐ Public (retail)☐ Other (specify) ►☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?

☐ Yes☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► N/A

Trade name ► N/A

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

N/A

N/A

N/A

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(941) 953-8110

Fax telephone number (include area code)

(941) 366-6384

Name and title (Please type or print clearly.) ► GARY ALVEY
MANAGING MEMBER

Signature ►

Date ► 4/25/01

Note: Do not write below this line. For official use only.

Please leave
blank ►

Geo.

Ind.

Class

Size

Reason for applying



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 13, 2001

CRD INTERNATIONAL, L.C.
2033 MAIN ST., STE. 600
SARASOTA, FL 34237

SUBJECT: CRD INTERNATIONAL, L.C.
Ref. Number: L99000007151

We have received your document for CRD INTERNATIONAL, L.C. and check(s) totaling \$50.00. However, your check(s) and document are being returned for the following:

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report or reinstatement application or attach a photocopy of the FEI number application to the document before we can complete your filing.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 201A00022017