

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900009181

1. Entity Name

CRYSTAL KEY APARTMENTS AT ORMOND BEACH, LLC

Principal Place of Business

902 Clint Moore Road
Suite 124
Boca Raton, FL 33487-2846

Mailing Address

902 Clint Moore Road
Suite 124
Boca Raton, FL 33487-2846

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0967592

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORTON GROUP, INC.
902 CLINT MOORE ROAD, SUITE 124
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

MANAGING MEMBERS/MEMBERS

TITLE
MORTON GROUP, INC. *McRM* ☐ Delete
STREET ADDRESS
902 CLINT MOORE ROAD, SUITE 124
CITY-ST-ZIP
BOCA RATON, FL 33487

TITLE
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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☐ Change ☐ Addition

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*****50.00 ☐ Change ☐ Addition

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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 OR MANAGER

Michael Morton
MICHAEL MORTON

5/11/00
Date

561 994 3133
Daytime Phone #

CR2E083 (11/99)