

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002695

1. Entity Name

CROWNE ORMOND BEACH, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

1015 FINANCIAL CENTER

1015 FINANCIAL CENTER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BIRMINGHAM, AL

City & State

BIRMINGHAM, AL

Zip

Country

Zip

Country

35203

35203

4. FEI Number

APPLIED FOR

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

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Vicky Goldstein

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

5/10/01

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

10000418721--8

-06/14/01--01003--018

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MEMBER ☐ Delete
NAME ALAN Z ENGEL
STREET ADDRESS 1015 FINANCIAL CENTER
CITY-ST-ZIP BIRMINGHAM, AL 35203

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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:

Alan Z Engel

(205) 221-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)