

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000000720**

1. Entity Name

CRYSTAL LAKES PROFESSIONAL CENTER ASSOCIATION, I**FILED**
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90006 038 ****61.25

0011048

Principal Place of Business

**209 CRYSTAL GROVE BLVD
SUITE 101
LUTZ FL 33549**

Mailing Address

**209 CRYSTAL GROVE BLVD
SUITE 101
LUTZ FL 33549****C0073503**

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

59-3587068

Applied For

Not Applicable

Zip

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

**CARVER, CHARLES H
KALISH & WARD
4100 BARNETT PLAZA
TAMPA FL 33601-0071**

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 \$61.25
After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PO** ☐ Delete
NAME **ALBRITTON, HOWARD L**
STREET ADDRESS **209 CRYSTAL GROVE BLVD**
CITY-ST-ZIP **LUTZ FL 33549**TITLE **DV** ☐ Delete
NAME **ALBRITTON, KAREN M**
STREET ADDRESS **209 CRYSTAL GROVE BLVD**
CITY-ST-ZIP **LUTZ FL 33549**TITLE **SD** ☐ Delete
NAME **MILLER, CURTIS**
STREET ADDRESS **209 CRYSTAL GROVE BLVD**
CITY-ST-ZIP **LUTZ FL 33549**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7/12/01 813-948-2030

CR2E037 (5/01)