

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90046 028 ****61.25

DOCUMENT # N00000004017

1. Entity Name

CROSS CREEK YOUTH COMMISSION, INC.

Principal Place of Business

100 STATE ROAD 13 NORTH, SUITE C
 FRUIT COVE FL 32259

Mailing Address

100 STATE ROAD 13 NORTH, SUITE C
 FRUIT COVE FL 32259

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

59-3652614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BOULTER, SPENCER
100 STATE ROAD 13 NORTH, SUITE C
FRUIT COVE FL 32259

7. Name and Address of New Registered Agent

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

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 **D** ☐ Delete
 NAME **MCARTHUR, CHUCK**
 STREET ADDRESS **3124 SECRET HOLLOW WAY**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **D** ☐ Delete
 NAME **LANTRIP, RON**
 STREET ADDRESS **123 VILLAGE GREEN DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **D** ☐ Delete
 NAME **DAY, RICHARD**
 STREET ADDRESS **820 BROOKSTONE COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **D** ☐ Delete
 NAME **BOULTER, SPENCER**
 STREET ADDRESS **3046 BLUE HERON DRIVE SOUTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
 NAME **CROYSDALE, BILL**
 STREET ADDRESS **560 CHERYL CT**
 CITY-ST-ZIP **JAX, FL 32259**

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

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

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

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

TITLE ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01 904287-4334

Date Daytime Phone #

CR2E037 (10/00)