

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90026 009 ****61.25

DOCUMENT # N00000006968

1. Entity Name

THE CRAWFORD HOMES, INC. OF JACKSONVILLE

Principal Place of Business

406 CRANES LANDING CT
 JACKSONVILLE FL 32218

Mailing Address

406 CRANES LANDING CT
 JACKSONVILLE FL 32218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3676660

Applied For

Not Applicable

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

CRAWFORD, CARHLEEN
 406 CRANES LANDING CT
 JACKSONVILLE FL 32218

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

Carthleen Smith Crawford

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW: FEE IS \$81.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CEO	☐ Delete
NAME	CRAWFORD, CARHLEEN S	
STREET ADDRESS	406 CRANES LANDING CT	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	S Trustee	☐ Delete
NAME	CROSS, GLADYS	
STREET ADDRESS	406 CRANES LANDING CT	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	T Trustee	☐ Delete
NAME	WILLIAMS, VERA	
STREET ADDRESS	406 CRANES LANDING CT	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	Carthleen S. Crawford	☐ Delete
NAME	406 Cranes Landing CT.	
STREET ADDRESS	Jacksonville Fla 32216	
CITY-ST-ZIP		
TITLE	Gladys Cross	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vera Williams	☐ Delete
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:

C. SMITH

7/9/01

Daytime Phone #