

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90105 047 \*\*\*\*61.25

**DOCUMENT # N21529**

1. Entity Name

**CRESCENT LAKE PRESERVATION ASSOCIATION INC.**

Principal Place of Business

Mailing Address

5802 WEST SHORE DR.  
 PENSACOLA FL 32526  
 US

P. O. BOX 37441  
 PENSACOLA FL 32526-0441  
 US

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

**59-2961242**

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

**MCCOY, ALAN K.**  
**3211 E. SHORE DRIVE**  
**PENSACOLA FL 32505**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRYAN, ALBERT E.</b>	
STREET ADDRESS	<b>6009 E. SHORE DR.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>MARCINAIK, EDWARD</b>	
STREET ADDRESS	<b>5780 W. SHORE DR.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEPHENS, MIKE</b>	
STREET ADDRESS	<b>3009 HIGH POINTE PLACE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAWSON, TERRELL</b>	
STREET ADDRESS	<b>5740 W. SHORE DR.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SCOTT, RONNIE G</b>	
STREET ADDRESS	<b>5842 W. SHORE DR.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32526</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> Delete
NAME	<b>ALFORD, E P (AL)</b>	
STREET ADDRESS	<b>5802 WESTSHORE DR</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32526</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alan K. McCoy*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 7, 2000  
 Date Daytime Phone #

CR2E037 (9/99)