

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90049 031 \*\*\*\*61.25

**DOCUMENT # N26621**

1. Entity Name

**KRUZIN KLASSIC'S OF NORTH FLORIDA, INC.**

Principal Place of Business

Mailing Address

**C/O LAWRENCE R. RAUSCH  
BOX 324  
BALDWIN FL 32234**

**C/O LAWRENCE R. RAUSCH  
BOX 324  
BALDWIN FL 32234**

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

**59-2950680**

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

**RAUSCH, LAWRENCE R.  
712 SOUTH EDGEWOOD AVENUE  
JACKSONVILLE FL 32205**

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 ☐ Delete  
NAME **PD MCMANUS, MIKE**  
STREET ADDRESS **8091 PIERRE DR**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ Change ☐ Addition  
NAME **PD Miller, Gail**  
STREET ADDRESS **Rt 24 Box 93 Brandy Branch Rd**  
CITY-ST-ZIP **Baldwin, Fla 32234**

TITLE ☐ Delete  
NAME **VD ABRAMSON, FRANK**  
STREET ADDRESS **7146 ALTAMA ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

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

TITLE ☐ Delete  
NAME **STD MILLER, GAIL**  
STREET ADDRESS **RR 24, BOX 93 BRANDY BRANCH RD**  
CITY-ST-ZIP **BALDWIN FL 32234**

TITLE ☒ Change ☐ Addition  
NAME **STD Royal, Martha**  
STREET ADDRESS **Rt 2 Box 1137 Ford Rd**  
CITY-ST-ZIP **Bryceville Fla 32009**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: \_\_\_\_\_

*Martha J. Royal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARtha J. ROYal**

**2/14/01**  
Date

**904-879-3235**  
Daytime Phone #

CR2E037 (10/00)