

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000239

1. Entity Name

JIM CREWS COMMUNITY PLAYGROUND, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90094 024 ****61.25

Principal Place of Business

Mailing Address

1026 PARK VIEW ROAD
ARCADIA FL 34266
US

1026 PARK VIEW ROAD
ARCADIA FL 34266-3367
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

CARLTON, DAVID P
124 N BREVARD AVE
ARCADIA FL 34266

Name

David P. Carlton

Street Address (P.O. Box Number is Not Acceptable)

4 West Oak St.

City

Arcadia

FL

Zip Code

34266

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	PD	<input type="checkbox"/> Delete
NAME	MC GOWAN, SCOTT A	
STREET ADDRESS	1026 PARK VIEW RD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUGENT, KIMBERLY A	
STREET ADDRESS	RT 7, BOX 250	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BREWER, JAN	
STREET ADDRESS	1162 HENRY BARROW AVENUE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	Director & Vice Pres / Dir	<input type="checkbox"/> Delete
NAME	Bateman, Celia	
STREET ADDRESS	7802 SE Parker Dr.	
CITY-ST-ZIP	Arcadia, FL 34266	
TITLE	VP/Dir	<input type="checkbox"/> Delete
NAME	Wickey, Trish	
STREET ADDRESS	715 W. Hickory St.	
CITY-ST-ZIP	Arcadia, FL 34266	
TITLE	Sec / Dir	<input type="checkbox"/> Delete
NAME	Kentler, Susan	
STREET ADDRESS	121 N. Morrow Ave	
CITY-ST-ZIP	Arcadia, FL 34266	

TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Spears, John	
STREET ADDRESS	P.O. Drawer 1400	
CITY-ST-ZIP	Arcadia, FL 34267	
TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Redrich, Doug	
STREET ADDRESS	122 N. Brevard Ave.	
CITY-ST-ZIP	Arcadia, FL 34266	
TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crews, Mark	
STREET ADDRESS	P.O. Drawer 1400	
CITY-ST-ZIP	Arcadia, FL 34267	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott M. Gowan

Date

4/27/00

Daytime Phone #

863-494-6870

CR2E037 (9/99)