

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005789

1. Entity Name

CRITTENDEN, HOLT, TUCKER, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90068 034 ****61.25

Principal Place of Business

134 MARTIN CIRCLE
ROYAL PALM BEACH FL 33411

Mailing Address

134 MARTIN CIRCLE
ROYAL PALM BEACH FL 33411-1709

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0830005

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRITTENDEN, CELIA T
134 MARTIN CIRCLE
ROYAL PALM BEACH FL 33411

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 PD
NAME CRITTENDEN, MELTON JR.
STREET ADDRESS 112 TIMBER RUN WEST
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

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

TITLE SD
NAME WRIGHT, LUWANDO L
STREET ADDRESS 592 S.W. 4TH STREET
CITY-ST-ZIP BELLE GLADE FL 33430 ☐ Delete

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

TITLE TD
NAME CRITTENDEN, CELIA T
STREET ADDRESS 134 MARTIN CIRCLE
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Delete

TITLE VP
NAME Crittenden, Celia T. ☒ Change ☐ Addition
STREET ADDRESS 134 Martin Circle
CITY-ST-ZIP Royal Palm Beach, FL 33411

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME West, Irene ☐ Change ☒ Addition
STREET ADDRESS Belle Glade, FL 33430
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Celia T. Crittenden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00 (561) 358-2083
Date Daytime Phone #

CR2E037 (9/99)