

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002012

1. Entity Name

CROSTOWN CENTER ASSOCIATION, INC.

Principal Place of Business

14025 RIVEREDGE DR., STE. 130
TAMPA FL 33637

Mailing Address

14025 RIVEREDGE DR., STE. 130
TAMPA FL 33637

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WILLIAMS, DAVID
220 S. FRANKLIN ST.
TAMPA FL 33602

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOYD, BROOKS R 400 S. TRYON ST, #1300 CHARLOTTE NC 28202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, ROBERT J 400 S. TRYON ST, #1300 CHARLOTTE NC 28202	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TAGGART, JOSEPH W 14025 RIVEREDGE DR., STE. 130 TAMPA FL 33637	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEAKIN, BARBARA M 14025 RIVEREDGE DR., STE. 130 TAMPA FL 33637	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAMBERT, KEVIN H 400 S TRYON ST 1300 CHARLOTTE NC 28202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

BARBARA M. DEAKIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/2/01

813 979 8600

Daytime Phone #



DO NOT WRITE IN THIS SPACE

914807

CR2E037 (10/00)