

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90035 002 \*\*\*150.00

**DOCUMENT # P00000036110**

1. Entity Name

**CROSSCUT MUSIC, INC.**

Principal Place of Business

~~1136 N W 90TH DRIVE~~  
~~GAINESVILLE FL 32606~~

Mailing Address

~~1136 N W 90TH DRIVE~~  
~~GAINESVILLE FL 32606~~

2. Principal Place of Business

**20816 NE 100 AVE**

3. Mailing Address

**P.O. Box 72**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Earleton, FL**

City & State

**Earleton, Fla. 3**

4. FEI Number

**59-3645852**

Applied For

Not Applicable

Zip

**32631**

Country

**USA**

Zip

**32631**

Country

**USA**

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FISCHER, CHRIS**  
**1136 N W 90TH DRIVE**  
**GAINESVILLE FL 32606**

**Richie Cash**  
**20816 NE 100 AVE**  
**Earleton, FL 32631**

7. Name and Address of New Registered Agent

**Crosscut Music, Inc.**

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

**P.O. Box 72**

City **Earleton**

FL

Zip Code **32631**

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 **Richard N. Cash**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/11/01**

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing

Trust Fund Contribution.

☐

**\$5.00 May Be**

**Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **President** ☐ Delete  
NAME **Randy Harris**  
STREET ADDRESS **P.O. Box 378**  
CITY-ST-ZIP **Waldo, FL 32694**

TITLE **Secretary** ☐ Delete  
NAME **Rhett Harris**  
STREET ADDRESS **P.O. Box 378**  
CITY-ST-ZIP **Waldo, FL 32694**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard N. Cash**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard N. Cash**

Date

**4-1-01**

Daytime Phone #

**352-468-1281**

CR2E034 (10/00)

0470690