## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P93000012051 May 09, 2000 8:00 am Secretary of State CROW DEVELOPMENT CORPORATION 05-09-2000 90051 049 \*\*\*150.00 Mailing Address Principal Place of Business 1104 N. COLLIER BLVD. 1104 N. COLLIER BLVD. MARCO ISLAND FL 33937 MARCO ISLAND FL 34145-2547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0398159 Not Applicable Zip \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREUSEL, JAMIE B Street Address (P.O. Box Number is Not Acceptable) % BERRY & GREUSEL 1104 N. COLLIER BLVD. MARCO ISLAND FL 33937 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 ☼ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD ☐ Change ☐ Addition □ Delete TITLE TITLE CROW, THOMAS S. JR. NAME NAME 280 SOUTTH COLLIER BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL CITY-ST-7IP Addition Change ☐ Delete TITLE CROW, DORIS NAME 280 SOUTH COLLIER BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL CITY-ST-ZIP Change Addition TITLE ☐ Delete CROW.-THOMAS S. SR. --NAME 280 SOUTH COLLIER BLVD. STREET ADDRESS STREET ADDRESS MARCO ISLAND FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 employeed 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 addres SIGNATURE:

Daytime Phone #