

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000044224**1. Entity Name
GLENCREST PROPERTIES, INC.Principal Place of Business
1255 GLENCREST DR
LAKE MARY FL 32746
USMailing Address
P.O. BOX 952913
LAKE MARY FL 32795
US2. Principal Place of Business
394 WINSFORD CT.3. Mailing Address
394 WINSFORD CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HEATHROW FLCity & State
HEATHROW FL4. FEI Number
59-3192857Applied For
Not ApplicableZip Country
32746 USZip Country
32746 US5. 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

PALOMBI LAWRENCE M
1255 GLENCREST DR
PO BOX 952913
LAKE MARY FL 32746Name
PALOMBI LAWRENCE M
Street Address (P.O. Box Number is Not Acceptable)
394 WINSFORD CT
City
HEATHROW FL Zip Code
32746

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 _____ 04/24/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PALOMBI GREGORY J	
STREET ADDRESS	554 EAGLES CROSSING PLACE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRADDOCK ANNE P	
STREET ADDRESS	554 EAGLES CROSSING PLACE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARKER LAURA P	
STREET ADDRESS	554 EAGLES CROSSING PLACE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PALOMBI MICHAEL L	
STREET ADDRESS	554 EAGLES CROSSING PLACE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PALOMBI MARY T	
STREET ADDRESS	554 EAGLES CROSSING PLACE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PALOMBI LAWRENCE M	
STREET ADDRESS	554 EAGLES CROSSING PLACE	
CITY-ST-ZIP	LAKE MARY FL 32746	

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALOMBI GREGORY J		
STREET ADDRESS	394 WINSFORD CT.		
CITY-ST-ZIP	HEATHROW FL 32746		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRADDOCK ANNE P		
STREET ADDRESS	394 WINSFORD CT.		
CITY-ST-ZIP	HEATHROW FL 32746		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALOMBI MICHAEL L		
STREET ADDRESS	394 WINSFORD CT		
CITY-ST-ZIP	HEATHROW FL 32746		
TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALOMBI MARY T		
STREET ADDRESS	394 WINSFORD CT		
CITY-ST-ZIP	HEATHROW FL 32746		
TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALOMBI LAWRENCE M		
STREET ADDRESS	394 WINSFORD CT.		
CITY-ST-ZIP	HEATHROW FL 32746		

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: Lawrence M Palombi

Pres 04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)