

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000070314

1. Entity Name
CRESCENT PROPERTIES, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90053 013 ***150.00

Principal Place of Business

200 NORTH DENNING DRIVE
SUITE S-2
WINTER PARK FL 32789-3736
US

Mailing Address

200 NO RHT DENNING DRIVE
SUITE S-2
WINTER PARK FL 32789-3736
US

2. Principal Place of Business

1025 S. SEMORAN BLVD.

3. Mailing Address

1025 S. SEMORAN BLVD.

Suite, Apt. #, etc.

SUITE 1093

Suite, Apt. #, etc.

SUITE 1093

City & State

WINTER PARK, FL.

City & State

WINTER PARK

Zip

32792-5524

Country

U.S.

Zip

32792-5524

Country

U.S.

4. FEI Number 59-3201984

Applied For

Not Applicable

5. 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

SPITHALER, VICTOR L.
200 N DENNING DRIVE
SUITE S-2
WINTER PARK FL 32789

Name

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

1025 S. SEMORAN BLVD

SUITE 1093

City WINTER PARK

FL

Zip Code 32792-5524

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SPITHALER, VICTOR L
STREET ADDRESS 200 N DENNING DR
CITY-ST-ZIP WINTER PARK FL

TITLE ☒ Change ☐ Addition
NAME 1025 S. SEMORAN BLVD STE. 1093
STREET ADDRESS WINTER PARK, FL. 32792-5524
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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: Victor L. Spithaler SPITHALER 4/18/01 407-644-6688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)