

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90172 048 \*\*\*150.00

**DOCUMENT # P95000027308**

**1. Entity Name**  
**CEDARCREST HOMES, INC.**

**Principal Place of Business**  
**150 E. PALMETTO PARK ROAD**  
**SUITE 525**  
**PALMETTO PARK FL 33432**  
**US**

**Mailing Address**  
**150 E. PALMETTO PARK ROAD**  
**SUITE 525**  
**PALMETTO PARK FL 33432**  
**US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0583149**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**BARBAR, ANTHONY K.G.**  
**150 E. PALMETTO PARK ROAD**  
**SUITE 525**  
**PALMETTO PARK FL 33432**

## 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>BARBAR, ANTHONY K. G</b>	<b>150 E. PALMETTO PARK ROAD, #645</b>	<b>PALMETTO PARK FL 33432</b>	
	<b>D</b>			
	<b>BARBAR, JOHN G</b>	<b>150 E. PALMETTO PARK ROAD, #645</b>	<b>PALMETTO PARK FL 33432</b>	
	<b>D</b>			
	<b>HANNA, ROBERT A</b>	<b>150 E. PALMETTO PARK ROAD, #645</b>	<b>PALMETTO PARK FL 33432</b>	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

**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 to my address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

4-17-02 561-368-0818 x27

CR2E034 (9/01)