

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075070

1. Entity Name

CRH ASSOCIATES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90326 030 ***150.00

Principal Place of Business

Mailing Address

231 W. MAIN ST.
APOPKA FL 32703

1878 PIEDMONT RD
STE 130
ATLANTA GA 30324-4839
US

2. Principal Place of Business

3. Mailing Address

4095 EMBASSY DR SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GRAND RAPIDS, MI

Zip

Country

Zip

49546

Country

USA

4. FEI Number

58-2229408

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

ELSBERRY, MICHAEL V ESQ.
% LOWNDES, DROSDICK, DOSTER, KANTOR & REED
215 NORTH EOLA DR.
ORLANDO FL 32802

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

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, 2000 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 PD ☒ Delete
NAME HOMA, CHARLES R
STREET ADDRESS 1878 PIEDMONT RD
CITY-ST-ZIP ATLANTA GA 30324

TITLE RECEIVER ☐ Change ☒ Addition
NAME PHILLIP S. STENGER
STREET ADDRESS 4095 EMBASSY DR. SE
CITY-ST-ZIP GRAND RAPIDS, MI 49546
SEC V. HOMA
CASE 99c-6895

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILLIP S. STENGER 4-10-00
AS RECEIVER

Date

Daytime Phone #

616-940-1190

CR2E034 (9/99)