

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

06-01-2001 90005 034 \*\*\*150.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075070

1. Entity Name

CRH ASSOCIATES, INC.

Principal Place of Business

Mailing Address

231 W. MAIN ST.  
APOPKA FL 327034095 EMBASSY DR. SE  
GRAND RAPIDS MI 49546  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FLORIDA 33324

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!**  
**After MAY 1, 2001**  
**Make Check Payable**

**FEE IS \$150.00**  
**Fee will be \$550.00**  
**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	PD HOMA, CHARLES R 1878 PIEDMONT RD ATLANTA GA 30324	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECEIVER (R) PHILIP S. STENGER 4095 EMBASSY DR SE GRAND RAPIDS, MI 49546	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC V HOMA CASE 99C-6895	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 no 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, A DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment Doc. # P95000075070  
8870

Requester's Name	
Address <b>P95000075070</b>	
City/State/Zip	Phone #
600003509186--1 -12/20/00-01078-003 *****35.00 *****35.00	
Office Use Only	

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- |                                    |                                       |  |
|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Walk in   | <input type="checkbox"/> Pick up time | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out  | <input type="checkbox"/> Will wait    | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy |                                       |  |

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

00DEC 20 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FL 32311

FILED

Examiner's Initials

Attachment Doc # P9500075070  
8870

**CERTIFICATE OF CHANGE OF  
REGISTERED AGENT/REGISTERED OFFICE  
OF  
CRH ASSOCIATES, INC.**

Pursuant to the provisions of Section 607.0502, Florida Statutes, **CRH ASSOCIATES, INC.**, a corporation organized and existing under and by virtue of the laws of the State of Florida (the "Corporation"), hereby submits the following statement in designating a new Registered Office/Registered Agent, in the State of Florida:

1. The name of this corporation is:

**CRH ASSOCIATES, INC.**

2. The name and address of the current registered agent is:

Michael V. Elsberry  
215 North Eola Drive  
Orlando, Florida 32801

3. The name and address of the registered agent is to be changed to:

CT Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

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TALLAHASSEE, FLORIDA

4. The street address of the registered office of the corporation and the street address of the business office of its registered agent, as changed, will be identical.

5. That Phillip S. Stenger, as Receiver of the Corporation has been authorized by resolution duly adopted by the board of directors to execute this Certificate of Change on behalf of the Corporation.

**IN WITNESS WHEREOF**, the undersigned has executed this Certificate of Change as of the 7<sup>th</sup> day of ~~September~~<sup>November</sup>, 2000.

**CRH ASSOCIATES, INC.**, a Florida corporation

By:   
Phillip S. Stenger, Receiver

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ACCEPTANCE OF REGISTERED AGENT

The undersigned hereby accepts the designation as Registered Agent of CRH  
ASSOCIATES, INC.

CT Corporation System

By: Vicky Goldstein  
Printed Name: VICKY GOLDSTEIN  
SPECIAL ASSISTANT SECRETARY