

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90076 042 \*\*\*150.00

**DOCUMENT # P95000085332**

1. Entity Name

**CRESCENT CENTER, INC.**

Principal Place of Business

Mailing Address

**14450 SMITH SUNDY ROAD  
DELRAY BEACH FL 33446**

**14450 SMITH SUNDY ROAD  
DELRAY BEACH FL 33446**

2. Principal Place of Business

**5801 N. Congress Avenue**

Suite, Apt. #, etc.

3. Mailing Address

**5801 N. Congress Avenue**

Suite, Apt. #, etc.

City & State

**Boca Raton, Florida**

City & State

**Boca Raton, Florida**

4. FEI Number

**65-0621107**

Applied For

Not Applicable

Zip

**33487**

Country

**Palm Beach**

Zip

**33487**

Country

**Palm Beach**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MOMBACH, GEOFFREY S  
500 EAST BROWARD BLVD.  
SUITE 1950  
FORT LAUDERDALE FL 33394**

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

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, 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOLF, STEVEN</b>	
STREET ADDRESS	<b>14450 SMITH SUNDY ROAD</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WEISINGER, ALBERT</b>	
STREET ADDRESS	<b>1575 OCEAN LANE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33316</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WOLF, ERIC</b>	
STREET ADDRESS	<b>14450 SMITH SUNDY ROAD</b>	
CITY-ST-ZIP	<b>DELRAY BCH FL 33446</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5801 N. Congress Avenue</b>	
CITY-ST-ZIP	<b>Boca Raton, Florida 33487</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5801 N. Congress Avenue</b>	
CITY-ST-ZIP	<b>Boca Raton, Florida 33487</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/21/02**

**(561) 498-5600**

Date

Daytime Phone #

CR2E034 (9/01)