

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011420

1. Entity Name

CROSSLAND REALTY, INC.

Principal Place of Business

6151 MIRAMAR PKWY.
STE. 104
MIRAMAR FL 33023

Mailing Address

6151 MIRAMAR PKWY.
STE. 104
MIRAMAR FL 33023

2. Principal Place of Business

6151 MIRAMAR PKWY
Suite, Apt. #, etc.
222

3. Mailing Address

6151 Miramar Pkwy
Suite, Apt. #, etc.
222

City & State

MIRAMAR FL

City & State

MIRAMAR

Zip

33023

Country

U.S.A.

Zip

33023

Country

U.S.A.

6. Name and Address of Current Registered Agent

RUSH, CHERYL
6151 MIRAMAR PKWY.
STE. 104
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name RUSH, CHERYL
Street Address (P.O. Box Number is Not Acceptable)
6151 MIRAMAR PKWY
Ste 222
City MIRAMAR FL Zip Code 33023

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME RUSH, CHERYL
STREET ADDRESS 6151 MIRAMAR PKWY STE 104
CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR ☒ Change ☐ Addition
NAME RUSH, CHERYL
STREET ADDRESS 6151 MIRAMAR PKWY, Ste 222
CITY-ST-ZIP MIRAMAR FL 33023

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90024 036 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0641993 ☐ Applied For ☐ Not Applicable

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

CE 11/2/00

7/12/00 (954-557-3758)