

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

06-08-2001 90005 008 \*\*\*150.00

**DOCUMENT # P97000002875**

1. Entity Name  
**CRYSTAL BAY AT POLO CORP.**

Principal Place of Business

4000 N FEDERAL HWY  
 BOCA RATON FL 33431  
 US

Mailing Address

4000 N FEDERAL HWY  
 BOCA RATON FL 33431  
 US

554051

2. Principal Place of Business

19060 FOX LANDING DR.

3. Mailing Address

Same.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FLORIDA

City & State

Boca Raton FLORIDA

4. FEI Number

65-0718413

Applied For

Not Applicable

Zip

33434

Country

US

Zip

33434

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, JEFFREY A  
 4000 N FEDERAL HWY  
 STE 201  
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name BRUCE KANOV

Street Address (P.O. Box Number is Not Acceptable)

19060 FOX LANDING DR.

City Boca Raton

FL

Zip Code

33434

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 of registered agent or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

6/5/01

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 to Department of State**

**FEE IS \$150.00**

**Fee will be \$550.00**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DPVP	<input type="checkbox"/> Delete
NAME	BRUCE, KANOV	
STREET ADDRESS	19060 FOX LANDING DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KANOV, LINDA	
STREET ADDRESS	19060 FOX LANDING DR	
CITY-ST-ZIP	BOCA RATON FL 33434	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANOV	
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		
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 is 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 an other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/01 561 995-9004

Date

Daytime Phone #

CR2E034 (10/00)