

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013714

1. Entity Name

MARKHAM CROSSING, INC.

FILED

Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90169 034 ***150.00

Principal Place of Business

Mailing Address

4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216-6191

2. Principal Place of Business

3. Mailing Address

P.O. Box 551260

P.O. Box 551260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32255

32255

4. FEI Number

59-3426621

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

ANSBACHER, LEWIS
4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

Name

Lewis Ansbacher

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

5150 Belfort Road

Building 100

City

Jacksonville

FL

Zip Code

32256

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	D	<input type="checkbox"/> Delete
NAME	SCHWARTZ, WINSTON D	
STREET ADDRESS	3008 ALATKA CT.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWARTZ, LUCILLE A	
STREET ADDRESS	P.O. BOX 497 N/A	
CITY-ST-ZIP	ORMOND BEACH FL 32074	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	SCHWARTZ, WINSTON D	
STREET ADDRESS	3008 ALATKA CT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWARTZ, LEONIDAS M	
STREET ADDRESS	RT. 1, BOX 22, JUSTAMERE FARM	
CITY-ST-ZIP	DOE HILL VA 24433	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	SCHWATZ, LUCILLE	
STREET ADDRESS	P.O. BOX 497 N/A	
CITY-ST-ZIP	ORMOND BEACH FL 32074	
TITLE		<input type="checkbox"/> Delete
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		
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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:

Winston D. Schwartz Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/2000

Daytime Phone #

(904) 760-2535

CR2E034 (9/99)