

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035080

1. Entity Name

CRABTREE & FALLAR, P.A.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90023 029 ***150.00

Principal Place of Business

Mailing Address

8375 DIX ELLIS TRAIL
SUITE 401
JACKSONVILLE FL 32256

8375 DIX ELLIS TRAIL
SUITE 401
JACKSONVILLE FL 32256-8281



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8777 San Jose Boulevard

3. Mailing Address

8777 San Jose Boulevard

Suite, Apt. #, etc.

Bldg. A, Suite 200

City & State

Jacksonville, FL

Zip

32217

Country

USA

Suite, Apt. #, etc.

Bldg. A., Suite 200

City & State

Jacksonville, FL

Zip

32217

Country

USA

4. FEI Number

59-3443331

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

FALLAR, SCOTT W
8375 DIX ELLIS TRAIL
SUITE 401
JACKSONVILLE FL 32256

Name

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

8777 San Jose Boulevard

Building A, Suite 200

City

Jacksonville

FL

Zip Code

32217

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 ☐ Delete
NAME D
STREET ADDRESS CRABTREE, R R
CITY-ST-ZIP 8375 DIX ELLIS TRAIL SUITE 401
JACKSONVILLE FL 32256

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS CRABTREE, R. R.
CITY-ST-ZIP 8777 SAN JOSE BLVD. BUILDING A, SUITE 200
JACKSONVILLE, FL 32217

TITLE ☐ Delete
NAME D
STREET ADDRESS FALLAR, SCOTT W
CITY-ST-ZIP 8375 DIX ELLIS TRAIL SUITE 401
JACKSONVILLE FL 32256

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS FALLAR, SCOTT W.
CITY-ST-ZIP 8777 SAN JOSE BLVD. BUILDING A, SUITE 200
JACKSONVILLE, FL 32217

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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:

SCOTT W FALLAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-00
Date

904-732-9701
Daytime Phone #

CR2E034 (9/99)