

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037470

1. Entity Name

CRK MANAGEMENT, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90027 044 ***150.00

Principal Place of Business

Mailing Address

8540 NAVARRE PARKWAY
SUITE 201
NAVARRE FL 32566

8540 NAVARRE PARKWAY
SUITE 201
NAVARRE FL 32566-6901

2. Principal Place of Business

3. Mailing Address

4426 North Bacall Loop
Suite, Apt. #, etc.

4426 North Bacall Loop
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Beverly Hills, FL

Beverly Hills, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

34465 USA

34465 USA

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

KELLER, CLYDE
8540 NAVARRE PARKWAY
SUITE 201
NAVARRE FL 32566

Name

Keller, Clyde

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

4426 North Bacall Loop

City

Beverly Hills

FL

Zip Code

34465

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

Clyde Keller Clyde Keller Pres.

4-11-00

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
NAME CLYDE, KELLER
STREET ADDRESS 8540 NAVARE PARKWAY STE.201
CITY-ST-ZIP NAVARRE FL 32566

☐ Delete

TITLE D
NAME Clyde Keller
STREET ADDRESS 4426 North Bacall Loop
CITY-ST-ZIP Beverly Hills, FL 34465

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Clyde Keller Clyde Keller

4-11-00

852 746 7950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)