

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90237 007 ***150.00

DOCUMENT # P97000059168

1. Entity Name

BARBARA L. CROOK, P.A.

Principal Place of Business

Mailing Address

~~10140 S. THEXA TERRACE~~
~~FLORAL CITY FL 34436~~

~~10140 S. THEXA TERRACE~~
~~FLORAL CITY FL 34436~~

6823 E. Country Highlands Dr.
Floral City, Fla. 34436

6823 E. Coun
Floral City, Fla. 34436

2. Principal Place of Business

3. Mailing Address

6823 E. Country High.Dr.
Suite, Apt. #, etc.

6823 E Country High.Dr.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Floral City, Fl.
Zip 34436
Country USA

Floral City, Fl.
Zip 34436
Country USA

4. FEI Number 59-3459785

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

CROOK, BARBARA L

~~10140 S. THEXA TERRACE~~
~~FLORAL CITY FL 34436~~

6823 E. Country Highlands Dr.
Floral City, Fla.
34436

Name

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

City

FL

Zip Code

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

Barbara L. Crook

1/30/01

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, 2001 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 ☐ Delete
NAME CROOK, BARBARA L
STREET ADDRESS ~~10140 S. THEXA TERRACE~~ 6823 E. Country Highlands Dr.
CITY-ST-ZIP FLORAL CITY FL 34436

TITLE ☐ Change ☐ Addition
NAME *Highlands Dr.*
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CROOK, RUSSELL P
STREET ADDRESS ~~10140 S. THEXA TERRACE~~ 6823 E. Country
CITY-ST-ZIP FLORAL CITY FL 34436

TITLE ☐ Change ☐ Addition
NAME *Highlands Dr.*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Barbara Lee Crook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

Date

352-344-
2500

Daytime Phone #

CR2E034 (10/00)