

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90176 047 \*\*\*150.00

**DOCUMENT # P97000071093**

1. Entity Name

**ALL AROUND TOWN EVENTS, INC.**

Principal Place of Business

Mailing Address

1000 COLONY POINT DR.  
 401  
 PEMBROKE PINES FL 33026

1689 NORTH HIATUS RD.  
 261  
 PEMBROKE PINES FL 33026-2129

011504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0774809**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRANE, DONALD W**  
**1000 COLONY POINT DR. #401**  
**PEMBROKE PINES FL 33026**

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

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  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **CRANE, DONALD W**  
 CITY-ST-ZIP **100 COLONY POINT DR. #401**  
**PEMBROKE PINE FL 33328**

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **CRANE, ELIZABETH**  
 CITY-ST-ZIP **100 COLONY POINT DR. #401**  
**PEMBROKE PINE FL 33328**

TITLE ☐ Delete  
 NAME **STD**  
 STREET ADDRESS **CRANE, WILLIAM D**  
 CITY-ST-ZIP **100 COLONY POINT DR. #401**  
**PEMBROKE PINE FL 33328**

TITLE ☐ Delete  
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Elizabeth Malone U.P.*

*1/28/00 959-435*

*28*