

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071093

1. Entity Name

ALL AROUND TOWN EVENTS, INC.

012911

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90090 048 \*\*\*150.00

00005603



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1000 COLONY POINT DR. 401 PEMBROKE PINES FL 33026	Mailing Address 1689 NORTH HIATUS RD. 261 PEMBROKE PINES FL 33026
--	--

2. Principal Place of Business 1000 Colony Pt Circle Suite, Apt. #, etc. Apt # 401	3. Mailing Address 90CRANE 1000 Colony Pt Circle Suite, Apt. #, etc. APT # 401
City & State PEMBROKE PINES, FL Zip 33026	City & State PEMBROKE PINES, FL Zip 33026
Country BROWARD	Country BROWARD

4. FEI Number 65-0774809	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CRANE, DONALD W 1000 COLONY POINT DR. #401 PEMBROKE PINES FL 33026	7. Name and Address of New Registered Agent  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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRANE, DONALD W 100 COLONY POINT DR. #401 PEMBROKE PINE FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRANE, ELIZABETH 100 COLONY POINT DR. #401 PEMBROKE PINE FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRANE, WILLIAM D 100 COLONY POINT DR. #401 PEMBROKE PINE FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (10/00)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954

435-2832