

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071093

1. Entity Name

ALL AROUND TOWN EVENTS, INC.

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

01-22-2001 90090 048 ***150.00

0112911

Principal Place of Business
1000 COLONY POINT DR.
401
PEMBROKE PINES FL 33026

Mailing Address
1689 NORTH HIATUS RD.
261
PEMBROKE PINES FL 33026

00005603



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1000 Colony Pt Circle
Suite, Apt. #, etc.
Apt # 401
City & State
Pembroke Pines, FL
Zip
33026
Country
Broward

3. Mailing Address
1000 Colony Pt Circle
Suite, Apt. #, etc.
Apt # 401
City & State
Pembroke Pines, FL
Zip
33026
Country
Broward

4. FEI Number 65-0774809
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANE, DONALD W		NAME		
STREET ADDRESS	100 COLONY POINT DR. #401		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINE FL 33328		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANE, ELIZABETH		NAME		
STREET ADDRESS	100 COLONY POINT DR. #401		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINE FL 33328		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANE, WILLIAM D		NAME		
STREET ADDRESS	100 COLONY POINT DR. #401		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINE FL 33328		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Donald W. Crane DATE: 1/10/01 DAYTIME PHONE: 954 435-2832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)