

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100321

1. Entity Name

CROWNHILL, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90068 025 ***150.00

Principal Place of Business

5117 CASTELLO DRIVE
SUITE 1
NAPLES FL 34103

Mailing Address

5117 CASTELLO DRIVE
SUITE 1
NAPLES FL 34133-0279

2. Principal Place of Business

28000 Spanish Wells Blvd
Suite, Apt. #, etc.
200

3. Mailing Address

P.O. Box 279
Suite, Apt. #, etc.

City & State
Bonita Springs, FL

Zip
34135

Country

City & State
Bonita Springs, FL

Zip
34133

Country

4. FEI Number 65-0796740

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

AMBURN, JAMES
5117 CASTELLO DRIVE
SUITE 1
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Not Acceptable)
28000 Spanish Wells Blvd
Suite 200
City Bonita Springs FL Zip Code 34135

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 Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KAPOS, KLAUS DR.
STREET ADDRESS 5117 CASTELLO DRIVE, SUITE 1
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPVS ☒ Change ☐ Addition
NAME KLAUS KAPOS
STREET ADDRESS 28000 SPANISH WELLS BLVD.
CITY-ST-ZIP BONITA SPRINGS, FL 34135

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-992-3355

CR2E034 (9/99)