

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100321

1. Entity Name

CROWN HILL, INC.

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90540 014 \*\*\*150.00

Principal Place of Business

28000 SPANISH WELLS BLVD  
200  
BONITA SPRINGS FL 34135

Mailing Address

PO BOX 279  
BONITA SPRINGS FL 34133

2. Principal Place of Business

2524 SW 45th St.

3. Mailing Address

2524 SW 45th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

4. FEI Number

65-0796740

Applied For

Not Applicable

Zip

33914

Country

Zip

33914

Country

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

~~AMBURN, JAMES  
28000 SPANISH WELLS BLVD  
STE 200  
BONITA SPRINGS FL 34135~~

Name

MICHAEL EMRICH

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

2524 SW 45th St.

City

CAPE CORAL

FL

Zip Code

33914

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

MICHAEL EMRICH

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/01

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input checked="" type="checkbox"/> Delete	D KAPOSI, KLAUS DR. 28000 SPANISH WELLS BLVD BONITA SPRINGS FL 34135	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D MICHAEL EMRICH 2524 SW 45TH ST. CAPE CORAL, FL 33914	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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

2/19/01

Date

941-549-3997

Daytime Phone #

CR2E034 (10/00)