

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105554

1. Entity Name

CRACKER COVE CORPORATION

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90053 047 ***150.00

Principal Place of Business

Mailing Address

1705 COLONIAL BLVD. STE. D-1
FT. MYERS FL 33907

1705 COLONIAL BLVD. STE. D-1
FT. MYERS FL 33907-1196

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0799541

Applied For

Not Applicable

Zip

Country

Zip

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

DONALSON, CAROLYN
1705 COLONIAL BLVD
STE D-1
FT. MYERS FL 33907

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 Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME DONALSON, CAROLYN
STREET ADDRESS 1315 SHADOW LANE
CITY-ST-ZIP FT. MYERS FL 33901

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3843 MCKINLEY AVE
CITY-ST-ZIP FT. MYERS, FL 33901-8427

TITLE VPS ☐ Delete
NAME DONALSON, BRANT
STREET ADDRESS 1315 SHADOW LANE
CITY-ST-ZIP FT. MYERS FL 33901

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3843 MCKINLEY AVE
CITY-ST-ZIP FT. MYERS, FL 33901-8427

TITLE ☐ Delete
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CITY-ST-ZIP

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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

CAROLYN DONALSON 3-05-2000 941/936-5460
PRESIDENT Date Daytime Phone #

CR2E034 (9/99)