

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
 05-18-2001 91239 048 ***150.00

DOCUMENT # P98000030502

1. Entity Name

CROWN COLONY MANAGEMENT, INC.

Principal Place of Business

12734 Kenwood Lane
 Suite 8
 Fort Myers, FL 33907

Mailing Address

12734 Kenwood Lane
 Suite 8
 Fort Myers, FL 33907

A0062603

2. Principal Place of Business

6100 Mid Metro Drive

3. Mailing Address

6100 Mid Metro Drive

Suite, Apt. #, etc.

Suite 7

Suite, Apt. #, etc.

Suite 7

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number

65-0830268

Applied For

Not Applicable

Zip

33912

Country

USA

Zip

33912

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent -

Cheffy, Jane Y., Esq.
 2375 Tamiami Trail North
 Suite 310
 Naples, FL 34103-4439

7. Name and Address of New Registered Agent

Name

Tschernitz, Peter A.

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

6100 Mid Metro Drive,

Suite 7

City

Fort Myers

FL

Zip Code

33912

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, 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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	Tschernitz, Peter A.	
STREET ADDRESS	12734 Kenwood Lane, Ste. 8	
CITY-ST-ZIP	Fort Myers, FL 33907	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	Yeager Cheffy, Jane	
STREET ADDRESS	2375 Tamiami Trail North, Suite 310	
CITY-ST-ZIP	Naples, FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6100 Mid Metro Drive, Suite 7	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Madden, Joseph M., Jr.	
STREET ADDRESS	6100 Mid Metro Drive, Suite 7	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

PETER A. TSCHERNITZ, PRESIDENT

4/18/01

941/936-3881

Date

Daytime Phone #

CR2E034 (11/00)