

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037698

1. Entity Name

CROSSBOW VENTURES, INC.

Principal Place of Business

515 FLAGLER DRIVE  
SUITE 1200  
W PALM BEACH FL 33401  
US

Mailing Address

515 FLAGLER DRIVE  
SUITE 1200  
W PALM BEACH FL 33401  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0834042

Applied For

Not Applicable

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

UNITED CORPORATE SERVICES, INC.  
9200 S. DADELAND BLVD.  
STE 508  
MIAMI FL 33158

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, 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 CD ☐ Delete  
NAME WARNER, STEPHEN J  
STREET ADDRESS 515 FLAGLER DRIVE, SUITE 1200  
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE PD ☐ Delete  
NAME EICHENBERGER, RENE P  
STREET ADDRESS 515 FLAGLER DRIVE, SUITE 1200  
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE D ☐ Delete  
NAME ANDA, GRATIAN  
STREET ADDRESS BLEICHERWEG 18  
CITY-ST-ZIP CH-8002 ZURICH SWITZERLAND

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

TITLE V ☐ Delete  
NAME POWELL, H. HICKMAN  
STREET ADDRESS 515 FLAGLER DRIVE, SUITE 1200  
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE V ☐ Delete  
NAME SHEWMAKER, BRUCE  
STREET ADDRESS 515 FLAGLER DRIVE, SUITE 1200  
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE T ☐ Delete  
NAME DONOHUE, DENNIS  
STREET ADDRESS 515 FLAGLER DRIVE, SUITE 1200  
CITY-ST-ZIP WEST PALM BEACH FL 33401

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 #

FILED  
Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90055 012 \*\*\*150.00

C0048790



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)