

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059971

1. Entity Name
CRESCENT HOUSE B&B, INC.



Principal Place of Business

459 BEACH RD
SARSOTA FL 34242

Mailing Address

459 BEACH RD
SARSOTA FL 34242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ELLIS, MATTHEW P
459 BEACH RD
SARSOTA FL 34242

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ELLIS, MATTHEW P
108 SAND DOLLAR LANE
SARSOTA FL 34242

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ELLIS, CATHY J
108 SAND DOLLAR LANE
SARSOTA FL 34242

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
8 Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90024 007 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0847984

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

CR2E034 (5/00)

Attachment

Doc# P98000059971
D0083294

459 Beach Rd., Sarasota, FL 34242

Crescent House B & B

August 30, 2000

State of Florida
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please find enclosed our Uniform Business Report. We did not receive the original mailing of this form. We called immediately upon receipt of this "second mailing" and were advised to submit with cover letter and a check for \$150.00

Thank you for your understanding and we will definitely look for this report each year going forward!

Sincerely,


Cathy J Ellis
Managing Partner