

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069434

1. Entity Name

J. PAUL CROWN ENTERPRISES, INC.

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90006 015 ***150.00

Principal Place of Business

Mailing Address

~~3016 N.E. 20TH WAY~~
~~GAINESVILLE FL 32609~~

~~3016 N.E. 20TH WAY~~
~~GAINESVILLE FL 32609 3345~~

170 CANAL ST
SUWANNEE, FL 32692

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

170 CANAL ST

P.O. Box 250

City & State

City & State

SUWANNEE FL

SUWANNEE FL

4. FEI Number

59-3531914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

32692 DIXIE

Zip

Country

32692 DIXIE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALZMAN, ANTHONY J
MOODY & SALZMAN, P.A.
500 E. UNIVERSITY AVE., STE. A
GAINESVILLE FL 32602

Name J. PAUL CROWN

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

City SUWANNEE FL Zip Code 32692

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 Mary Ann Crown

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 D ☐ Delete
NAME CROWN, J. PAUL
STREET ADDRESS 8430 S.W. 1ST. PLACE
CITY-ST-ZIP GAINESVILLE FL 32607

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

TITLE D ☐ Delete
NAME CROWN, MARY ANN
STREET ADDRESS 8430 S.W. 1ST PLACE
CITY-ST-ZIP GAINESVILLE FL 32607

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIP

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:

MARY ANN CROWN 3-3-00 352-542-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)