

2000 UNIFORM BUSINESS REPORT (UBR)

0040355

DOCUMENT # P98000075879

1. Entity Name

CRESCENT TRADING, INC.,

n/k/a BARTRAM LAND COMPANY *N/C 3/1/00*

Principal Place of Business

Mailing Address

13361 ATLANTIC BLVD
JACKSONVILLE FL 32225

~~13361 ATLANTIC BLVD~~
~~JACKSONVILLE FL 32225-5569~~

FILED

00 MAR 23 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o Joel B. Giles

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 2861

City & State

City & State

St. Petersburg, Florida

4. FEI Number

59-3541738

Applied For

Not Applicable

Zip

Country

U.S.A.

Zip

33731-2861

Country

U.S.A.

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

GILES, JOEL B
200 CENTRAL AVE STE 2300
ST PETERSBURG FL 33701

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 ☐ Delete
NAME D
STREET ADDRESS DODSON, J T JR
CITY-ST-ZIP 13361 ATLANTIC BLVD
JACKSONVILLE FL 32225

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DODSON, JEAN M
CITY-ST-ZIP 13361 ATLANTIC BLVD
JACKSONVILLE FL 32225

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

J. Thomas Dodson, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J. Thomas Dodson, Jr.

CR 1014 (3/95)