

2002 UNIFORM BUSINESS REPORT (UBR)

0040648 AV

DOCUMENT # P98000101469

1. Entity Name

CROSSINGS AT CAPE CORAL, INC.

Principal Place of Business

106 E. COLLEGE AVE
SUITE 640
TALLAHASSEE FL 32301

Mailing Address

P O BOX 10775
TALLAHASSEE FL 32301

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

65-0882186

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

SHARKEY, JEFFREY B

215 SOUTH MONROE STREET., SUITE 540

TALLAHASSEE FL 32301

Name

B+C Corporate Services of Central Florida, Inc

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

390 North Orange Avenue, Suite 1100

City

Orlando

FL

Zip Code

32801

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

By: *[Signature]*, Vice President

4/16/02

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, 2002 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 SHARKEY, JEFFREY B
STREET ADDRESS 215 SOUTH MONROE STREET., SUITE 540
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition
NAME 106 E. College Ave., #640
STREET ADDRESS Tallahassee, FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

[Signature] Jeffrey B. Sharkey, Director

Date

Daytime Phone #

3/25/02

850 224 1660

CR2E034 (9/01)

FILED
02 APR 19 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FL

DO NOT WRITE IN THIS SPACE