

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90126 038 ***150.00

DOCUMENT # P99000012557

1. Entity Name
CROWN CAPITAL CORPORATION

Principal Place of Business Mailing Address
4400 PGA BOULEVARD, SUITE 505 **4400 PGA BOULEVARD, SUITE 505**
PALM BEACH GARDENS FL 33410 **PALM BEACH GARDENS FL 33410-6558**

2. Principal Place of Business 3. Mailing Address
2000 PGA Blvd., **2000 PGA Blvd.,**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 4410 **Suite 4410**
City & State City & State
N. Palm Beach, FL **N. Palm Beach, FL**
Zip Zip Country Country
33408-2738 **33408-2738** **USA** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
63-0901271 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HACKNEY, ROBERT C
4400 PGA BOULEVARD, SUITE 505
PALM BEACH GARDENS FL 33410
2000 PGA Blvd, Suite 4410
N. Palm Beach, FL
33408-2738

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 (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	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HACKNEY, ROBERT C		NAME		
STREET ADDRESS	4400 PGA BOULEVARD, SUITE 505		STREET ADDRESS	2000 PGA Blvd., Suite 4410	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		CITY-ST-ZIP	N. Palm Beach, FL 33410-2738	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Robert C. Hackney** 4/28/00 Robert C. Hackney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #