

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034879

1. Entity Name  
CRACKER & ASSOCIATES, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90066 019 \*\*\*150.00

Principal Place of Business

1665 HARMONY DRIVE  
PORT CHARLOTTE FL 33952

Mailing Address

1665 HARMONY DRIVE  
PORT CHARLOTTE FL 33952-2707

2. Principal Place of Business

21255 DEARBORN AVE  
Suite, Apt. #, etc.

3. Mailing Address

21255 DEARBORN AVE  
Suite, Apt. #, etc.

City & State

PORT CHARLOTTE FL

City & State

PORT CHARLOTTE FL

4. FEI Number

65-0912225

Applied For

Not Applicable

Zip

Country

33954

Zip

Country

33954

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, ROBERT A  
1665 HARMONY DRIVE  
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name  
GRAHAM, ROBERT A.  
Street Address (P.O. Box Number is Not Acceptable)  
21255 DEARBORN AVE  
City  
PORT CHARLOTTE FL Zip Code  
33954

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/19/00*

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

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**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/99)