

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073175

1. Entity Name

CROSSING DEVELOPMENT CORPORATION

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90246 007 \*\*\*158.75

Principal Place of Business

Mailing Address

2066 14TH AVE.  
 VERO BEACH FL 32960

2066 14TH AVE.  
 VERO BEACH FL 32960-3430

2. Principal Place of Business

3. Mailing Address

800 8th Street

800 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

Suite A

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

Zip

32962

Country

U.S.A.

Zip

32962

Country

U.S.A.

4. FFI Number

65-0952695

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

BRACKETT, MARK A  
 2066 14TH AVE.  
 VERO BEACH FL 32960

Name

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

1507 25th AVENUE

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

*M. A. Brackett*

2-1-00

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President Director<br>MARK A BRACKETT<br>1507 25th AVENUE<br>VERO BEACH FL 32960<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director<br>Richard C. Terry<br>406 12th place SE<br>VERO BEACH, FL 32962<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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:

*Mark A. Brackett*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-00

561 567-9255

CR2E034 (9/99)