

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084108

1. Entity Name

CROWN CAPITAL ADVISORS, INC.

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

05-04-2000 90126 033 \*\*\*150.00

Principal Place of Business  
4400 PGA BLVD., STE. 505  
PALM BEACH GARDENS FL 33410

Mailing Address  
4400 PGA BLVD., STE. 505  
PALM BEACH GARDENS FL 33410-6558



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2000 PGA Blvd.

3. Mailing Address  
2000 PGA Blvd.

Suite, Apt. #, etc.  
Suite 4410

Suite, Apt. #, etc.  
Suite 4410

City & State  
N. Palm Beach, FL

City & State  
N. Palm Beach, FL

Zip Country  
33408-2738 USA

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33408-2738 USA

4. FEI Number  
65-0960460

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

HACKNEY, ROBERT C  
~~4400 PGA BLVD., STE. 505~~ 2000 PGA Blvd., Suite 4410  
~~PALM BEACH GARDENS FL 33410~~  
N. Palm Beach, FL  
33408-2738

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	NAME	STREET ADDRESS	CITY-ST-ZIP
	D HACKNEY, ROBERT C	4400 PGA BLVD., STE. 505	PALM BEACH GARDENS FL 33410

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
		2000 PGA Blvd., Suite 4410	N. Palm Beach, FL 33408-2738

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 4/28/00 561-627-0677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)