

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000096943**

1. Entity Name

THE YELLOW CRANE, INC.

Principal Place of Business

3237G COLLEGE COURT
GULF BREEZE FL 32561

Mailing Address

P.O. BOX 6126
GULF BREEZE FL 32561-6126

2. Principal Place of Business

3237G College Court

Suite, Apt. #, etc.

H G

3. Mailing Address

P.O. Box 6126

Suite, Apt. #, etc.

City & State

Gulf Breeze Fla.

Zip

32561

Country

USA

City & State

Gulf Breeze Fla.

Zip

32561

Country

USA

4. FEI Number

59-3620206

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

Name

SAME

N/A

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

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, 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

President
Jo Anne Merrell
3237 G College Court
Gulf Breeze, Fla.☐ Delete

32561

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Vice President
Same☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Secretary
Same☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Treasurer
Same☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

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CITY-ST-ZIP

☐ Change☐ Addition

SP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 MAR 16 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)