

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099486

1. Entity Name

CRESCENT CAPITAL MANAGEMENT INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90163 007 ***150.00

Principal Place of Business 3727 SE OCEAN BLVD. SUITE 100 STUART FL 34996		Mailing Address 3727 SE OCEAN BLVD. SUITE 100 STUART FL 34996-6747	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 650960333	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CRAFT, THOMAS J JR
11000 PROSPERITY FARMS ROAD SUITE 301
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name Gary A. Feder	Street Address (P.O. Box Number is Not Acceptable) 1701 West Hillsboro Blvd.
Suite 302	
City Deerfield Beach, FL	Zip Code 33442

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 changing)

3/29/00

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D VAWTER, NOELL P 3727 SE OCEAN BLVD. SUITE 100 STUART FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

2/24/00

Date

361 781 9984

Daytime Phone #

CR2E034 (9/99)