

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000099496****1. Entity Name**
CRANES LANDING OF ORANGE PARK, INC.**Principal Place of Business****4729 US HIGHWAY 17
STE 204
ORANGE PARK FL 32073****Mailing Address****4729 US HIGHWAY 17
STE 204
ORANGE PARK FL 32073****2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3608916

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****FORD JETER BOWLUS & DUSS PA
10110 SAN JOSE BLVD.
JACKSONVILLE FL 32257****7. Name and Address of New Registered Agent**

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**

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, 2001 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****D** ☐ Delete
TITLE
NAME **HOWELL, WILLIAM R II**
STREET ADDRESS **4729 US HIGHWAY 17, SUITE 204**
CITY-ST-ZIP **ORANGE PARK FL 32073**☐ Delete
TITLE
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CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**☐ Change ☐ Addition
TITLE
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STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
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CITY-ST-ZIP☐ Change ☐ Addition
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CITY-ST-ZIP**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:** William R Howell II William R Howell II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01
Date904 2104-1653
Daytime Phone #

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)