

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S46253

1. Entity Name

CGR ASSOCIATES, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90072 027 \*\*\*150.00

Principal Place of Business

Mailing Address

1561 HARBOUR CLUB DR  
PONTE VEDRA BCH FL 32082  
US

1561 HARBOUR CLUB DR.  
PONTE VEDRA BCH FL 32082-3571  
US

2. Principal Place of Business

3012 Cypress Creek Dr. E.

3. Mailing Address

3012 Cypress Creek Dr. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ponte Vedra Bch., Florida

City & State

Ponte Vedra Bch., Florida

4. FEI Number

59-3063466

Applied For

Not Applicable

Zip

Country

32082

U.S.

Zip

Country

32082

U.S.

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

RENOLDS, GARY L.  
1561 HARBOUR CLUB DR.  
PONTE VEDRA BCH FL 32082

Name

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

3012 Cypress Creek Drive E.

City

Ponte Vedra Bch.,

FL

Zip Code

32082

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME REYNOLDS, GARY L.  
STREET ADDRESS 1561 HARBOUR CLUB DR.  
CITY-ST-ZIP PONTE VEDRA BCH FL

☐ Delete

TITLE DP  
NAME Reynolds, Gary L.  
STREET ADDRESS 3012 Cypress Creek Drive E.  
CITY-ST-ZIP Ponte Vedra Bch., Florida 32082

☒ Change ☐ Addition

TITLE DV  
NAME REYNOLDS, RICKEY W  
STREET ADDRESS 7621 TARA LANE  
CITY-ST-ZIP JACKSONVILLE FL 32216

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

GARY L REYNOLDS 4/11/2000 904 2730326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)