

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S69323

1. Entity Name

CRA ENGINEERING, INC.

Principal Place of Business

Mailing Address

1993 COMMONWEALTH LN
TALLAHASSEE FL 32303-3106

1993 COMMONWEALTH LN
TALLAHASSEE FL 32303-3106

2. Principal Place of Business

1424 E. Piedmont Dr.

Suite, Apt. #, etc.

Suite 200

City & State

Tallahassee, FL

Zip

32312

Country

USA

3. Mailing Address

1424 E. Piedmont Dr.

Suite, Apt. #, etc.

Suite 200

City & State

Tallahassee, FL

Zip

32312

Country

USA

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3110203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, WILLIAM H.

1993 COMMONWEALTH LN

TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

William H. Clark

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

1424 E. Piedmont Dr.

Suite 200

City

Tallahassee

FL

Zip Code

32312

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 William H. Clark William H. Clark Reg. Agent 8-31-00
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	PDT	<input type="checkbox"/> Delete
NAME	CLARK, WILLIAM H	
STREET ADDRESS	4550 MILLWOOD LN	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	SCIBELLI, MICHAEL A.	
STREET ADDRESS	275 JOHN KNOX RD APT 4101	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	LANE, JOANEL	
STREET ADDRESS	RT BOX 5572	
CITY-ST-ZIP	MONTICELLO FL 2344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President-Engineering	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Van Leuven, PE	
STREET ADDRESS	ABOVE	
CITY-ST-ZIP	Tallahassee, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 H. Clark William H. Clark 8-31-00 8-31-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)