

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G67133

1. Entity Name

CRIST DEVELOPMENT CORP.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90048 037 ***150.00

Principal Place of Business

Mailing Address

701 ENTERPRISE RD. E.
SUITE 302
SAFETY HARBOR FL 34695
US

2743 BURNING TREE LN
CLEARWATER FL 33761-3002
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2404036

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRIST, JOHN P.D.
2743 BURNING TREE LANE
CLEARWATER FL 33761

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, 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 _____ Delete
NAME **DST**
CRIST, JILL K.
STREET ADDRESS **2743 BURNING TREE LN**
CITY-ST-ZIP **CLEARWATER FL**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME **DP**
CRIST, JOHN
STREET ADDRESS **2743 BURNING TREE LN**
CITY-ST-ZIP **CLEARWATER, FL 00000**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change 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: _____

SIGNATURE *Jill K. Crist*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/6/00

Daytime Phone #

727-796-8784

CR2E034 (9/99)