

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90179 009 ***150.00

DOCUMENT # H28296



1. Entity Name
CRYSTAL COURT RECREATION, INC.

Principal Place of Business
**1400 NORTH 12TH COURT
HOLLYWOOD FL 33019**

Mailing Address
**1400 NORTH 12TH COURT
HOLLYWOOD FL 33019**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2468922**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLAZER, ERIC M. P.A.
1920 E. HALLANDALE BEACH BLVD.
8TH FLOOR
HALLANDALE FL 33009**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOREA, ROSE	
STREET ADDRESS	1555 N 12TH COURT 7A	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DOYLE, WILLIAM N	
STREET ADDRESS	1451 N 12TH COURT 8A	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARTHUR, EDITH	
STREET ADDRESS	1350 N 12TH COURT 5A	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OMBRELLA, SARA	
STREET ADDRESS	1451N 12TH CT #8-B	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KASCHAK, RITA	
STREET ADDRESS	1354N 12TH CT #10B	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doyle, William, H Pres.	
STREET ADDRESS	1451 North 12th Court 12A	
CITY-ST-ZIP	Hollywood FL 33019	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Early, Clifford	
STREET ADDRESS	1351 North 12th Court, 12A	
CITY-ST-ZIP	Hollywood, FL 33019	
TITLE	Asst. Secy & Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tessie Spiccia	
STREET ADDRESS	1401 North 12th Court, 10A	
CITY-ST-ZIP	Hollywood FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an addressee, with all other like empowered.

SIGNATURE: William H Doyle **RECEIVED** 2-10-03 954-925-7627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)