

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90051 048 ****61.25

DOCUMENT # N42522

1. Entity Name

CRYSTAL RIVER EAGLE'S AERIE 4272, INC.

Principal Place of Business

Mailing Address

~~27 NW SUNCOAST BLVD.
CRYSTAL RIVER FL 34428~~

~~27 NW SUNCOAST BLVD.
CRYSTAL RIVER FL 34429~~

00001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6875 W. Gulf To Lakethwy

6875 W. Gulf To Lakethwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crystal River, Fl.

City & State

Crystal River, Fl.

4. FEI Number

59-3194858

Applied For

Not Applicable

Zip

34429

Country

Citrus

Zip

34429

Country

Citrus

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

Name

Della Schreiber

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

2356 S. Seiler Pt.

City

Lecanto, Fl.

FL

Zip Code

34429

~~PARSONS, KENNETH
7165 W COTTAGE LN
CRYSTAL RIVER FL 34429~~

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

Della Schreiber *Della Schreiber Secretary*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-00

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME PD
 STREET ADDRESS MCCASKEY, WILLIAM
 CITY-ST-ZIP P O BOX 640931 N/A
 BEVERLY HILLS FL 34464

TITLE Change Addition
 NAME President
 STREET ADDRESS Jesse Caley
 CITY-ST-ZIP P.O. Box 2774
 Crystal River, Fl. 34423

TITLE Delete
 NAME T
 STREET ADDRESS BOWMAN, DOYLE
 CITY-ST-ZIP 11240 N. NORTHWOOD DRIVE #68
 INGLIS FL 34449

TITLE Change Addition
 NAME Trustee
 STREET ADDRESS David Stengel
 CITY-ST-ZIP 3515 S. Arundel Terr.
 Homosassa, Fl. 34446

TITLE Delete
 NAME S
 STREET ADDRESS SCHREIBER, DELLA
 CITY-ST-ZIP 2356 S. SEILER PT
 LECANTO FL 34461

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME TD
 STREET ADDRESS WEISS, GORDAN
 CITY-ST-ZIP 5237 S LOUISE PT
 HOMOSASSA FL 34446

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VPD
 STREET ADDRESS ROSSI, ANTHONY T
 CITY-ST-ZIP 2356 S SELIER CT
 LECANTO FL 34461

TITLE Change Addition
 NAME Treasurer
 STREET ADDRESS Marty Osborne
 CITY-ST-ZIP 2264 S. Seiler Pt.
 Lecanto, Fl. 34461

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Della Schreiber* *Della Schreiber* *1-19-99* *352-795-4111*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #