

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90016 008 \*\*\*150.00

**DOCUMENT # P95000064031**

1. Entity Name  
**CEDAR RIVER SEAFOOD OF STARKE, INC.**

Principal Place of Business

**900 WALNUT STREET  
 STARKE FL 32291**

Mailing Address

**4417 BEACH BOULEVARD  
 SUITE 104, BROWARD BLDG.  
 JACKSONVILLE FL 32207  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3332914**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**ROTHSTEIN, SIMON D  
 4417 BEACH BLVD #104  
 JACKSONVILLE FL 32207**

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, 2002 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 **D FELLOWS, DAN**  
 STREET ADDRESS **2488 BENTRIDGE COURT**  
 CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **1684 Rideout Ferry Road**  
 CITY-ST-ZIP **Middleburg, FL 32068**

TITLE  Delete  
 NAME **D BELL, ROLAND R**  
 STREET ADDRESS **1684 RIDEOUT FERRY ROAD**  
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **154 Riverwood Terrace**  
 CITY-ST-ZIP **Orange Park, FL 32003**

TITLE  Delete  
 NAME **D BELL, KATHY**  
 STREET ADDRESS **1684 RIDEOUT FERRY ROAD**  
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **154 Riverwood Terrace**  
 CITY-ST-ZIP **Orange Park, FL 32003**

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  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02 (904) 215-5316  
Date Daytime Phone #

CR2E034 (9/01)