

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 187828

FILED  
Jan 06, 2003  
Secretary of State

Entity Name: CRYSTAL RIVER CORPORATION

## Current Principal Place of Business:

4370 WOODSTOCK ROAD  
SAINT JAMES CITY, FL 33956

## New Principal Place of Business:

## Current Mailing Address:

4370 WOODSTOCK ROAD  
SAINT JAMES CITY, FL 33956

## New Mailing Address:

FEI Number: 59-0954141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALCARCEL, FRANK  
4370 WOODSTOCK ROAD  
SAINT JAMES CITY, FL 33956 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVTs ( ) Delete  
Name: VALCARCEL, FRANK,  
Address: 4370 WOODSTOCK  
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: D ( ) Delete  
Name: VALCARCEL, FRANK,  
Address: 4370 WOODSTOCK  
City-St-Zip: SAINT JAMES CITY, FL 33956

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK VALCARCEL

PVTs

01/06/2003

Electronic Signature of Signing Officer or Director

Date