

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90046 018 ***150.00

DOCUMENT # 205922

1. Entity Name

CRYSTAL TENN INC

Principal Place of Business

**506 N. W. 1ST AVENUE
P. O. BOX 696
CRYSTAL RIVER FL 34423
US**

Mailing Address

**506 N. W. 1ST AVENUE
P. O. BOX 696
CRYSTAL RIVER FL 34423
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0828575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHAFER, ALEX
506 N.W. 1ST AVE.
CRYSTAL RIVER FL 34428**

7. Name and Address of New Registered Agent

Name

FRED BURCH III

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

506 NW 1ST AVE

City

CRYSTAL RIVER

FL

Zip Code

34428

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

TITLE **STD** ☐ Delete
NAME **MULLINS, WAYNE**
STREET ADDRESS **2941 PINE VALLEY CIR.**
CITY-ST-ZIP **EAST POINT GA 30344**

TITLE **PD** ☐ Delete
NAME **BURCH III, FRED**
STREET ADDRESS **297 BIG EDDY RD.**
CITY-ST-ZIP **FRANKFORT KY 40601**

TITLE **D** ☐ Delete
NAME **SHAFER, ALEX**
STREET ADDRESS **506 N.W. 1ST AVE.**
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE **VPD** ☐ Delete
NAME **GARLAND, C. M.**
STREET ADDRESS **710 CAIN ST.**
CITY-ST-ZIP **HAMPTON SC 29924**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **506 NW 1ST AVE**
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1100 MARION ST. STE 100**
CITY-ST-ZIP **KNOXVILLE TN 37921-6856**

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

TITLE ☐ Change ☐ Addition
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: **FRED BURCH III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-795-2850

CR2E034 (9/01)