

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 364952

1. Entity Name

CRAIG Z ENTERPRISES INC

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90066 050 ***150.00

Principal Place of Business

Mailing Address

55 RICHFIELD DR.
LAKE PLACID FL 33852
US

55 RICHFIELD DR.
LAKE PLACID FL 33852-6216
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1311287

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

ZABRISKIE, JAMES J
265 FUR TERR
FT PIERCE FL 34946

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, 2000 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 DVP
NAME ZABRISKIE, JAMES J
STREET ADDRESS 265 FUR TERR
CITY-ST-ZIP FT PIERCE FL ☐ Delete

TITLE DVP
NAME ZABRISKIE, JAMES J. ☒ Change ☐ Addition
STREET ADDRESS LOT 34 LAKE PLACID CAMPGROUNDS
CITY-ST-ZIP LAKE PLACID, FLA. 33852

TITLE SDT
NAME ZABRISKIE, MARIE F.
STREET ADDRESS 265 FUR TER
CITY-ST-ZIP FT PIERCE FL ☐ Delete

TITLE SDT
NAME ZABRISKIE, MARIE F. ☒ Change ☐ Addition
STREET ADDRESS LOT 34 LAKE PLACID CAMPGROUNDS
CITY-ST-ZIP LAKE PLACID, FL. 33852

TITLE DP
NAME ZABRISKIE, CRAIG G.
STREET ADDRESS 55 RICHFIELD DR
CITY-ST-ZIP LAKE PLACID FL ☐ Delete

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

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
CITY-ST-ZIP

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:

Craig Zabriskie

CRAIG ZABRISKIE 4/23/2000 863-465-0540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)