

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0068919 AV

DOCUMENT # 545648

1. Entity Name
CRYSTAL RIVER RRH, INC.



FILED

03 APR 18 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
11635 N.W. 1ST AVENUE
GAINESVILLE FL 32607

Mailing Address
11635 N.W. 1ST AVENUE
GAINESVILLE FL 32607

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1846318

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

CURTIS, JOHN M.
11635 N.W. 1ST AVENUE
GAINESVILLE FL 32607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CURTIS, JOHN M.
STREET ADDRESS 11635 N.W. 1ST AVENUE
CITY-ST-ZIP GAINESVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700017084147
04/25/03--01026--013 **158.75

TITLE VD
NAME NAVE, SARAH HENDRICKS
STREET ADDRESS 3326 NW 46TH AVE.
CITY-ST-ZIP GAINESVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME CURTIS, GAIL W.
STREET ADDRESS 11635 NW 1ST AVE.
CITY-ST-ZIP GAINESVILLE FL

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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 607, 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: President

04/16/03 352-332-0838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)