

2000 UNIFORM BUSINESS REPORT (UBR)

9/12/00-90009-038-\$61.25-\$61.25

DOCUMENT # 763746

1. Entity Name

CRYSTAL RIVER SEARCH AND RESCUE INC.

Principal Place of Business

Mailing Address

P.O. BOX 2922
CRYSTAL RIVER FL 32623-9922

P.O. BOX 2922
CRYSTAL RIVER FL 32623-9922

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

59-2246276

Applied For

Not Applicable

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

ALBORANO, ANGELO E
700 N HEATHROW DR
LECANTO FL 34461

Name: ROGER W SMITH D

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

481 N FRESNO AVE

City

HERNANDO

FL

Zip Code
34447

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

MORRIS E. HARVEY, SECT. Morris E. Harvey

9/6/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ANGELO E. ALBORANO
STREET ADDRESS 700 N. HEATHROW DRIVE
CITY-ST-ZIP LECANTO FL 34461 ☒ Delete

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

TITLE TD
NAME HARVEY, MORRIS
STREET ADDRESS 8055 N DACCIA TERR
CITY-ST-ZIP DUNNELLON FL 34433 ☐ Delete

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

TITLE SD
NAME FRIJOUF, JAMES A.
STREET ADDRESS 2000 N.W. 19TH ST
CITY-ST-ZIP CRYSTAL RIVER FL ☐ Delete

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

TITLE PD
NAME ROGER SMITH
STREET ADDRESS 481 N. FRESNO AVE
CITY-ST-ZIP HERNANDO FL 34447 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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: MORRIS HARVEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10/11/2000
Daytime Phone 352-564-026

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 2:17



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)