

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F66887

1. Entity Name

CRYSTAL LODGE, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90049 027 ***150.00

Principal Place of Business THE HEMITAGE APARTMENTS 219 MONASTERY COURT VALRICO FL 33594 US	Mailing Address THE HEMITAGE APARTMENTS 219 MONASTERY COURT VALRICO FL 33594-3312 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 3475 Woodridge Pkwy Suite, Apt. #, etc.
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City & State Palm Harbor Florida	4. FEI Number 59-2163633	Applied For Not Applicable
Zip 34684	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KASTES, PAUL 2800 WEST CHESTER DRIVE NORTH CLEARWATER FL 37761	7. Name and Address of New Registered Agent Name Bruno Zioerjen Street Address (P.O. Box Number is Not Acceptable) 3475 Woodridge Parkway City Palm Harbor FL Zip Code 34684
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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 Bruno Zioerjen 1/17/00
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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ZIOERJEN, BRUNO 219 MONASTERY CT. VALRICO FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZIOERJEN, THERESA J 219 MONASTERY CT. VALRICO FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 1-17-00 787-7238 G
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #