

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G77972

1. Entity Name
CZR, INCORPORATED

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90109 013 ***150.00

Principal Place of Business 140 INTRACOASTAL POINTE DRIVE SUITE 301 JUPITER FL 33477	Mailing Address 140 INTRACOASTAL POINTE DRIVE SUITE 301 JUPITER FL 33477-5064
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DO NOT WRITE IN THIS SPACE

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 56-1346848	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent IDEN, BRUCE F., ESQ. MILLEDGE, IDEN & SNYDER 2100 PONCE DE LEON BLVD., STE 1201 CORAL GABLES FL 33134				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HUDGENS, JAMES M.		NAME				
STREET ADDRESS	140 INTRACOASTAL POINTE DRIVE, SUITE 301		STREET ADDRESS				
CITY-ST-ZIP	JUPITER FL		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HUDGENS, JAMES M.		NAME				
STREET ADDRESS	140 INTRACOASTAL POINTE DRIVE, SUITE 301		STREET ADDRESS				
CITY-ST-ZIP	JUPITER FL		CITY-ST-ZIP				
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HUDGENS, JUDY T.		NAME				
STREET ADDRESS	140 INTRACOASTAL POINTE DRIVE, SUITE 301		STREET ADDRESS				
CITY-ST-ZIP	JUPITER FL		CITY-ST-ZIP				
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HUDGENS, JUDY T.		NAME				
STREET ADDRESS	140 INTRACOASTAL POINTE DRIVE, SUITE 301		STREET ADDRESS				
CITY-ST-ZIP	JUPITER FL		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: Judy T. Hudgens **Judy T. Hudgens**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: March 22, 2000 **5617747-7455**
Date Designated Phone

CR2E034 (9/99)