

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90057 024 ***150.00

DOCUMENT # L23044

1. Entity Name

CRYSTAL RIVER SEAFOOD & OYSTER BAR #2, INC.

Principal Place of Business

Mailing Address

~~5600-18 HIGHWAY 17~~
~~BOX 288~~
~~ORANGE PARK FL 32073~~
 US

~~5600-18 HIGHWAY 17~~
~~BOX 288~~
~~ORANGE PARK FL 32073~~
 US

2. Principal Place of Business

3512 ROSS CLARK CIRCLE

3. Mailing Address

5000-18 HWY 17 #288

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DOTHAN, AL

City & State

ORANGE PARK FL

Zip

36303

Country

Zip

32003

Country

4. FEI Number

59-2973828

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

AKEL, DANIEL D.
~~2001 INDEPENDENT SQUARE~~
~~ONE INDEPENDENT DR.~~
JACKSONVILLE FL 32202

Name

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

ONE INDEPENDENT DRIVE STE 2301

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, 2001 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 ☐ Delete
VSTD
 NAME **BAJALIA, SAMMY JR.**
 STREET ADDRESS ~~1068 W. TENNESSEE ST.~~
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1279 KINGSLEY AVE #116**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **SCOTT, WILLIAM M.**
 CITY-ST-ZIP ~~1068 W. TENNESSEE ST.~~
TALLAHASSEE FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1279 KINGSLEY AVE #116**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Delete
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 CITY-ST-ZIP

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 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:

Sam Bajalia
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01
 Date

904-278-2117
 Daytime Phone #

CR2E034 (10/00)