

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 05, 2000 08:00 AM  
Secretary of State

DOCUMENT # L98000002206

1. Entity Name  
CRYSTAL ASSOCIATES, LLC

Principal Place of Business  
13603 W COLONIAL DR  
WINTER GARDEN FL 34787

Mailing Address  
5100 OLD HOWELL BRANCH ROAD  
WINTER PARK FL 32792

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

3. Mailing Address  
13603 W COLONIAL DRIVE  
Suite, Apt. #, etc.

City & State  
WINTER GARDEN FL

Zip Country  
34787

4. FEI Number  
59-3539546

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

LIN CHIUNG-SAN  
13603 W COLONIAL DR  
WINTER GARDEN FL 34787

## 7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ DATE 09/05/2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete  
NAME LIN CHIUNG-SAN  
STREET ADDRESS 5100 OLD HOWELL BRANCH ROAD  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME LIN CHIUNG-SAN  
STREET ADDRESS 13603 W COLONIAL DRIVE  
CITY-ST-ZIP WINTER GARDEN FL 34787

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.