

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000007759

1. Entity Name
CRYSTAL SHORES ENTERPRISES, L.C.

00 APR 24 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6760 NORTH LECANTO HIGHWAY
BEVERLY HILLS FL 34465

Mailing Address
6760 NORTH LECANTO HIGHWAY
BEVERLY HILLS FL 34465-2598

2. Principal Place of Business
2571 First St.
Suite, Apt. #, etc.

3. Mailing Address
PO Box 2
Suite, Apt. #, etc.

City & State
Ft. Myers FL

City & State
HERNANDO FL

Zip
33901

Country
FL

Zip
34442

Country
U.S.A.

4. FEI Number
59-3609413

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HANSEN, ROBERT W
6760 NORTH LECANTO HIGHWAY
BEVERLY HILLS FL 34465

7. Name and Address of New Registered Agent

Name
HANSEN, ROBERT W

Street Address (P.O. Box Number is Not Acceptable)
2571 First St.

City
Ft. Myers FL

Zip Code
33901

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 Robert W. Hansen, ROBERT W. HANSEN, MEMBER 4/24/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, MATTHEW C 6760 NORTH LECANTO HIGHWAY BEVERLY HILLS FL 34465	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANSEN, ROBERT W 10811 N. COVEVIEW TER. CRYSTAL RIVER FL 34428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANCZYK, REGINALD P.O. BOX 2 HERNANDO FL 34442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, MATTHEW C 43 S. HARRISON ST. BEVERLY HILLS FL 34465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANSEN, ROBERT W. 2571 First St. Ft. Myers FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANCZYK, REGINALD 1959 W. GARDENIA BL. CITRUS SPRINGS FL 34424	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Robert W. Hansen REQUIRED Robert Hansen 4/24/00 352-302-0224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

00144321 1

CR2E083 (9/99)