

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90562 010 \*\*\*150.00

**DOCUMENT # M77190**

1. Entity Name  
**CITRUS RECREATIONAL MARINA, INC.**



Principal Place of Business  
**% JAMES P. EYSTER**  
**7655 W. GULF TO LAKE HIGHWAY #14**  
**CRYSTAL RIVER FL 34429**  
**US**

Mailing Address  
**% JAMES P. EYSTER**  
**7655 W. GULF TO LAKE HIGHWAY #14**  
**CRYSTAL RIVER FL 34429**  
**US**

5 J000416



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**10173 N. Suncoast Blvd**  
Suite, Apt. #, etc.

3. Mailing Address  
**10173 N. Suncoast Blvd**  
Suite, Apt. #, etc.

City & State  
**Crystal River, FL**

City & State  
**Crystal River, FL**

4. FEI Number  
**59-2945591**

Applied For  
☐ Not Applicable

Zip  
**34428**

Country  
**Citrus**

Zip  
**34428**

Country  
**Citrus**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**EYSTER, JAMES P.**  
**7655 W. GULF TO LAKE HIGHWAY**  
**#14**  
**CRYSTAL RIVER FL 34429**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EYSTER, JAMES P</b> <b>7655 W. GULF TO LK HWY.</b> <b>CRYSTAL RIVER FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>EYSTER, JAMES P.</b> <b>7655 W. GULF TO LAKE HWY</b> <b>CRYSTAL RIVER, FL 34429</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PHELPS, RON</b> <b>1897 N SQUIRREL TREE AVE</b> <b>LECANTO FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, D</b> <b>WEST, CARLENE M.</b> <b>10173 N. SUNCOAST BLVD. #77</b> <b>CRYSTAL RIVER, 34428</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S, D</b> <b>ROBERTS, NATALIE U.</b> <b>1036 SERPENTINE DR. S.</b> <b>ST. PETERSBURG, FL 33705</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLACKSHEAR, JAMES</b> <b>2521 W. FAIRWAY LOOP</b> <b>CITRUS SPRINGS, FL 34434</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED** **JAMES P. EYSTER** **01/16/03** **(352)447-2299**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)