2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State
03-07-2003 90067 033 ****61.25

DOCUMENT # N00000001384

1. Entity Name

FRIENDS OF THE CRYSTAL RIVER STATE ARCHAEOLOGICAL SITE, INC.

Principal Place of Business	Mailing Address
3400 N. MUSEUM POINTE CYRSTAL RIVER FL 34428	3400 N. MUSEUM POINTE CYRSTAL RIVER FL 34428

CHECK HERE IF MAKING CHANGES

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 59-3638371 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORCORAN, RICHARD ESQ
538 N CITRUS AVE
CYRSTAL RIVER FL 34428

7. Name and Address of New Registered Agent

Name: John Michael Kostelnick
Street Address (P.O. Box Number is Not Acceptable): 2021 N.W. 13th St.
City: Crystal River FL Zip Code: 34428

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: John Michael Kostelnick - John Michael Kostelnick, President FFOCAPS 03/01/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CRAIG, M. LEA PO BOX 734 INVERNESS FL 34451	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Kostelnick, John Michael 2021 N.W. 13th St. Crystal River, Fl. 34428	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ELLIS, GARY 5990 N. TALLAHASSEE RD. CRYSTAL RIVER FL 34428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Ellis, Gary 5990 N. Tallahassee Rd. Crystal River, Fl. 34428	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WHITE, OUIDA 2130 14TH ST NW CRYSTAL RIVER FL 34428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Price, Charles Edward 343 N. Hourglass Terrace Crystal River, Fl. 34429	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEVY, GILBERT A M.D. PO BOX 725 DUNNELLON FL 34430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Smith, Kathy 3400 N. Museum Pointe Crystal River, Fl. 34428	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kostelnick, Elizabeth Gail 2021 N.W. 13th St. Crystal River, Fl. 34428	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robbins, Nicholas D. 3400 N. Museum Pointe Crystal River, Fl. 34428	☐ Change ☒ Addition

CR2E037 (10/02)

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 617, 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: John Michael Kostelnick John Michael Kostelnick 03/01/03 352-795-7153

Attachment

800485168
#L10000001384

11. Additions/Changes to Officers and Directors

Title D ☐ Change ☒ Addition

Name Thompson, Kathy Turner-

Street Address 12160 Waterwood Dr.

City-St-Zip Crystal River, Fl. 34429