

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

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90190 045 ****61.25

DOCUMENT # N01000006607

1. Entity Name

CREW OF THE NORDSMEN OF THE ALAFIA, INC.



Principal Place of Business

4041 EAGLES NEST DRIVE
VALRICO FL 33594

Mailing Address

4041 EAGLES NEST DRIVE
VALRICO FL 33594

2. Principal Place of Business

4327 Swift Circle

3. Mailing Address

4327 Swift Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALRICO FL

City & State

VALRICO, FL

4. FEI Number

04-3686863

Applied For

Not Applicable

Zip

33594

Country

USA

Zip

33594

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TALLEY, PRESLEY D	
STREET ADDRESS	4041 EAGLES NEST DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SERIO, JACK	
STREET ADDRESS	4041 EAGLES NEST DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STEIN, RICHARD	
STREET ADDRESS	4041 EAGLES NEST DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONEETE, RICKY	
STREET ADDRESS	4041 EAGLES NEST DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TALLEY, CONNIE	
STREET ADDRESS	4041 EAGLES NEST DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIM SAVOY	
STREET ADDRESS	4327 Swift Circle	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDY KERLER	
STREET ADDRESS	3733 Hollow Wood Dr	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRIS KERLER	
STREET ADDRESS	3733 Hollow Wood Dr	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD STEIN	
STREET ADDRESS	4327 Swift Circle	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDY S. DESTARDIN	
STREET ADDRESS	1620 SHADY FOREST DR.	
CITY-ST-ZIP	RIVERVIEW FL. 33569	

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: X *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15 MAY 2003

813-273-3069

CFR2E037 (10/02)