

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02082

1. Entity Name

THE SEMINOLES OF CRYSTAL RIVER, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90184 033 ****61.25

Principal Place of Business

135 NE 3RD ST
CRYSTAL RIVER FL 34429
US

Mailing Address

P.O. BOX 2415
CRYSTAL RIVER FL 34423-2415
US

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

59-2391052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOCH, FRANK
60 S.W. 5TH TERRACE
CRYSTAL RIVER FL 34429

Name

DARYL OSTER

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

236 NE 3RD ST.

City

CRYSTAL RIVER

FL

Zip Code

34423-1423

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KOCH, FRANK	
STREET ADDRESS	60 S.W. 8TH TERRACE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HOLT, GEORGE	
STREET ADDRESS	1208 N. MERLIN TERR.	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHETSTONE, RHONDA	
STREET ADDRESS	905 PALM SPRINGS TER	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHNEIDERREIT, BRENDA	
STREET ADDRESS	236 N.E. 3RD ST	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANNOND, LOUISE	
STREET ADDRESS	1046 N CIR DR	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOW, GEORGE	
STREET ADDRESS	22 BEGONIA ST	
CITY-ST-ZIP	HOMOSASSA FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARYL OSTER	
STREET ADDRESS	236 NE 3RD ST.	
CITY-ST-ZIP	CRYSTAL RIVER FL 34423-1423	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLY JOHNSTON	
STREET ADDRESS	210 S. LEE ST.	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUANITA SWING	
STREET ADDRESS	272 NE 3RD ST	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE WHETSTONE	
STREET ADDRESS	905 PALM SPRINGS TER	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	

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:

SIGNATURE REQUIRED

2-21-00

(352) 795-5415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)