

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90106 046 \*\*\*\*61.25

**DOCUMENT # N02082**

1. Entity Name

**THE SEMINOLES OF CRYSTAL RIVER, INC.**

Principal Place of Business	Mailing Address
135 NE 3RD ST CRYSTAL RIVER FL 34429 US	P.O. BOX 2415 CRYSTAL RIVER FL 34423 US



DO NOT WRITE IN THIS SPACE

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	Applied For
<b>59-2391052</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**OSTER, DARYL**  
**236 NE 3RD ST**  
**CRYSTAL RIVER FL 34423-1423**

7. Name and Address of New Registered Agent

Name **OSTER, DARYL**

Street Address (P.O. Box Number is Not Acceptable) **222 N.E. 2nd CT**

City **CRYSTAL RIVER** FL Zip Code **34429**

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 DATE **2/22/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Department of State</b>
-------------------------------------	--	--

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>OSTER, DARYL</b>	
STREET ADDRESS	<b>236 NE 3RD ST</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34423-1423</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>JOHNSTON, MOLLY</b>	
STREET ADDRESS	<b>210 S LEE ST</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS FL 34465</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>WHETSTONE, RHONDA</b>	
STREET ADDRESS	<b>905 PALM SPRINGS TER</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34429</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>SCHNEIDERREIT, BRENDA</b>	
STREET ADDRESS	<b>236 N.E. 3RD ST</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34428</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SWING, JUANITA</b>	
STREET ADDRESS	<b>272 NE 3RD ST</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34429</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>WHETSTONE, MIKE</b>	
STREET ADDRESS	<b>905 PALM SPRINGS TERR</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34429</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSTER, DARYL</b>	
STREET ADDRESS	<b>222 NE 2nd CT</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34429</b>	
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHNEIDERREIT BRENDA</b>	
STREET ADDRESS	<b>222 NE 2nd CT</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34429</b>	
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		

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: **DARYL OSTER** DATE **2/22/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)