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

FILED
May 07, 2003 8:00 am
Secretary of State
04-11-2003 90132 027 ****61.25

55038446

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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

OSTER, DARYL
222 NE 2ND CT
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name ESPINOZA, LUIS J.
Street Address (P.O. Box Number is Not Acceptable) 4392 W. MUSTANG BLVD.
City BEVERLY HILLS, FL Zip Code 34465

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 Luis J. Espinoza 4-10-03
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	P OSTER, DARYL 222 NE 2ND CT CRYSTAL RIVER FL 34429	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. (D) ESPINOZA, LUIS J. 4392 W. MUSTANG BLVD. BEVERLY HILLS, FL 34465	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ESPINOZA, LOU 4392 W MUSTANG BLVD BEVERLY HILLS FL 34465	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRES (D) GINA REARDAN 1004 SE 4TH AVE CRYSTAL RIVER, FL 34429	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SCHNEIDEREIT, BRENDA 222 NE 2ND CT CRYSTAL RIVER FL 34429	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC (D) RONDA WHETSTONE 905 PALM SPRINGS TERR CRYSTAL RIVER, FL 34429	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOCH, FRANK 60 SW 5TH TER CRYSTAL RIVER FL 34429	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES (D) KOCH, FRANK 60 SW 5TH TERR CRYSTAL RIVER, FL 34429	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WERNER, JIM 1198 N COUNTRY CLUB DR CRYSTAL RIVER FL 34429	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #