

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25631

1. Entity Name

THE CRYSTAL CLUB, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90065 003 ****61.25

Principal Place of Business

2739 US HWY 19
STE 201
HOLIDAY FL 34691
US

Mailing Address

PO BOX 2108
ELFERS FL 34680-2108
US

2. Principal Place of Business

8801 RIVER CROSSING BLVD
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 2108
Suite, Apt. #, etc.

City & State

NEW PORT RICHEY

City & State

ELFERS, FL

4. FEI Number

59-2929758

Applied For

Not Applicable

Zip

Country

34655

Zip

Country

34680-2108

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRASHER, JOHN
2739 US HWY 19
STE 201
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name

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

8801 RIVER CROSSING BLVD

City

NEW PORT RICHEY

FL

Zip Code

34655

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

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

TITLE PD ☐ Delete

NAME BRASHER, C J
STREET ADDRESS 2739 US HWY 19 STE 201
CITY-ST-ZIP HOLIDAY FL 34691

TITLE SD ☐ Delete

NAME SILVA, SUSAN
STREET ADDRESS 2739 US HWY 19 STE 201
CITY-ST-ZIP HOLIDAY FL 34691

TITLE D ☐ Delete

NAME HUDSON, JOHN E
STREET ADDRESS 2739 US HWY 19 STE 201
CITY-ST-ZIP HOLIDAY FL 34691

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 8801 RIVER CROSSING BLVD
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 8801 RIVER CROSSING BLVD
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (9/99)