

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
Jun 02, 2001 8:00 am  
Secretary of State

05-10-2001 90069 040 \*\*\*\*61.25

DOCUMENT # N25631

1. Entity Name

THE CRYSTAL CLUB, INC.

Principal Place of Business

Mailing Address

~~8801 RIVER CROSSING BLVD  
NEW PORT RICHEY FL 34655  
US~~

~~PO BOX 2108  
ELFERS FL 34680-2108  
US~~

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

INVERNESS

City & State

INVERNESS

4. FEI Number

59-2929758

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~BRASHER, JOHN  
8801 RIVER CROSSING BLVD  
NEW PORT RICHEY FL 34655~~

7. Name and Address of New Registered Agent

Name ERVIN E. DAVIS

Street Address (P.O. Box Number is Not Acceptable)  
1601 S. RIDGEWOOD PT.

City INVERNESS

FL

Zip Code 34452

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

Ervin E. Davis, Pres.

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

(NOTE: Registered Agent signature required when reinstating)

06/26/01

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	<input checked="" type="checkbox"/> Delete
NAME	BRASHER, C J	
STREET ADDRESS	8801 RIVER CROSSING BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SILVA, SUSAN	
STREET ADDRESS	8801 RIVER CROSSING BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUDSON, JOHN E	
STREET ADDRESS	8801 RIVER CROSSING BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERVIN E. DAVIS	
STREET ADDRESS	1601 S. RIDGEWOOD PT.	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN F. WHEELER	
STREET ADDRESS	1632 S. REGAL PT.	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS F. STRINGER	
STREET ADDRESS	609 W. HIGHLANDS BLVD	
CITY-ST-ZIP	INVERNESS, FL 34452	
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)(f), 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:

ERVIN E. DAVIS, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERVIN E. DAVIS

352.637.6200

Date 06/26/01

Daytime Phone #

CR2037 (10/00)