

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25631

1. Entity Name

THE CRYSTAL CLUB, INC.

Principal Place of Business

1601 S. RIDGEWOOD PT.
INVERNESS FL 34452
US

Mailing Address

PO BOX 700
INVERNESS FL 34451
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 59-2929758

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

DAVIS, ERVIN E
1601 S. RIDGEWOOD PT
INVERNESS FL 34452

Name

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

City

FL

Zip Code

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
NAME DAVIS, ERVIN E
STREET ADDRESS 1601 S. RIDGEWOOD PT.
CITY-ST-ZIP INVERNESS FL 34452 ☐ Delete

TITLE SD
NAME WHEELER, JOHN F
STREET ADDRESS 1632 S. REGAL PT
CITY-ST-ZIP INVERNESS FL 34452 ☐ Delete

TITLE D
NAME STRINGER, THOMAS F
STREET ADDRESS 609 W. HIGHLANDS BLVD
CITY-ST-ZIP INVERNESS FL 34452 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: 2 SIGNATURE REQUIRED. DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/02

Date

352 637 6200

Daytime Phone #

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90242 036 ****61.25



DO NOT WRITE IN THIS SPACE

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