2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
02-13-2002 90145 041 ****61.25

DOCUMENT # N49076

1. Entity Name

CRYSTAL RIVER USER'S GROUP, INC.

Principal Place of Business	Mailing Address
8061 N GOLFVIEW DR CITRUS FL 34434 US	P.O BOX 2108 CRYSTAL RIVER FL 34423-2108 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 59-2977687 ☐ 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
WEAVER, LARRY 8061 N GOLFVIEW DR CITRUS SPRINGS FL 34434	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 Larry Weaver
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BARRETTE, RICHARD 6205 W. GWIN LANE HOMOSASSA FL 34446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ← LYNN PAGE D 4490 N. SACRAMENT AVE BEVERLY HILLS FL 34465	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALLAN, BETTY 17 NEW FLORIDA AVE. BEVERLY HILLS FL 34465	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ← CHERYL CHARLES D 6689 EAST NOEL PL INVERNESS FL 34452	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JENNINGS, WILLIAM 4244 N. LINCOLN AVE. BEVERLY HILLS FL 34465	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ← RICHARD BROMLEY D 401 N. TURKEY PINE LOOP LECANTO FL 34461	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COONEY, JOHN 3956 N. HUCKLEBERRY POINT BEVERLY HILLS FL 34465	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ← BETTY ALLAN D 17 NEW FLORIDA AVE BEVERLY HILLS FL 34465	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARMAN, FRAN 3450 E. KERRY LANE INVERNESS FL 34452	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ← JIMMIE BARNES D 5460 S. KAREN TERR HOMOSASSA, FL 34446	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNES, JIMMIE 5460 S. KAREN TERR. HOMOSASSA FL 34446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Jimmie Barnes 1/15/02 352-746-9195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #