

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90038 050 ****61.25

DOCUMENT# N93000000090

1. Entity Name

CRYSTAL RIVER LIONS CLUB RAILROAD STATION RESTOR

Principal Place of Business

109 CYRSTAL ST.
CRYSTAL RIVER FL

Mailing Address

P.O. BOX 278
CRYSTAL RIVER FL 34423
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0450302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEPHENS, HAROLD B
825 N. CITRUS AVE.
CRYSTAL RIVER FL 32629**

7. Name and Address of New Registered Agent

Name

Brown Dumas, Jr.

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

291 S Gardenia Terr

City

Crystal River

FL

Zip Code
34429

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.

Brown Dumas, Jr.

(NOTE: Registered Agent signature required when reinstating)

01-17-01

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 **D** ☐ Delete
NAME **BALLJEN, HERBERT**
STREET ADDRESS **113 N. POMPEO AVE.**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **D** ☐ Delete
NAME **BRUGGINK, MARION J**
STREET ADDRESS **1179 N LION UB PT**
CITY-ST-ZIP **LECANTO FL**

TITLE **D** ☐ Delete
NAME **DUMAS, BROWN JR**
STREET ADDRESS **291 S. GARDINIA ST.**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **PD** ☐ Delete
NAME **FREDERICK, STEPHEN**
STREET ADDRESS **7012 W. PINEBROOK ST.**
CITY-ST-ZIP **CRYSTAL RIVER FL**

TITLE **D** ☐ Delete
NAME **FREDERICK, VERA**
STREET ADDRESS **7012 W. PINEBROOK ST.**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **P** ☐ Delete
NAME **BRUGGINK, LOWELL L**
STREET ADDRESS **1179 N. LION CUB PT.**
CITY-ST-ZIP **LECANTO FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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)(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

01-17-01

352-795-3451

Date

Daytime Phone #

CR2E037 (10/00)