

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90097 039 \*\*\*550.00

**DOCUMENT # P01000119645**

**1. Entity Name**  
**CRYSTAL RIVER WINE AND CHEESE COMPANY, INC.**

**Principal Place of Business**

**Mailing Address**

~~301 N. CITRUS AVENUE~~  
~~CRYSTAL RIVER FL 34429~~

~~1034 N. CIRCLE DRIVE~~  
~~CRYSTAL RIVER FL 34429~~

734 US Hwy 19 SE  
 crystal River, FL 34429

**2. Principal Place of Business**

734 US Hwy 19 SE

**3. Mailing Address**

← Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Crystal River, FL

**City & State**

← Same

**4. FEI Number**

01-05566769

**Applied For**

Not Applicable

34429

**Country**

USA

**Zip**

**Country**

**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**

**COATS, SARA**

Rodney Carr

9695 W. WOODWARD PARK STREET  
 CRYSTAL RIVER FL 34429

1034 N. Circle Dr.  
 Crystal River, FL 34429

**Name**

Rodney Carr - President

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

734 US Hwy 19 SE

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*Rodney Carr*

9-11-02

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**

**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
~~RODNEY CARR~~  
~~1034 N. Circle Dr.~~  
~~Crystal River, FL 34429~~ ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
 Jennifer Carr ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
 Sara Coats ☒ Delete  
 9695 W. Woodward Park  
 Crystal River, FL 34429

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
 Vice Pres.  
 Jacob Johnson ☐ Change ☒ Addition  
 1034 N. Circle Dr.  
 Crystal River, FL 34429

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

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

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.**

**SIGNATURE:**

*Rodney Carr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-02 (352)

795-0008

Date

Daytime Phone #

CR2E034 (4/02)