

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000003346

1. Entity Name

CRYSTAL RIVER SEAFOOD & OYSTER BAR OF COLUMBUS,

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90016 040 \*\*\*150.00

Principal Place of Business  
~~5600-18 HIGHWAY 17~~  
~~BOX 288~~  
~~ORANGE PARK FL 32073~~  
US

Mailing Address  
~~5600-18 HIGHWAY 17~~  
~~BOX 288~~  
~~ORANGE PARK FL 32073~~  
US

UUUU4433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2606 MANCHESTER EXWY**

3. Mailing Address  
**5000-18 HWY 17 # 288**

City & State  
**COLUMBUS, GA**  
Zip  
**31904**  
Country

City & State  
**ORANGE PARK, FL**  
Zip  
**32003**  
Country

4. FEI Number  
**59-3160105**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AKEL, DANIEL D**  
~~2901 INDEPENDENT SQUARE~~  
~~ONE INDEPENDENT~~  
**JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**ONE INDEPENDENT DRIVE STE 2301**  
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

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCOTT, WILLIAM M.	
STREET ADDRESS	<del>1900 W. TENNESSEE ST.</del>	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	BAJALIA, SAMMY J	
STREET ADDRESS	<del>1900 W. TENNESSEE ST.</del>	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1279 KINGSLEY AVE #116</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1279 KINGSLEY AVE #116</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Sam Bajalia  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01  
Date

904-278-2117  
Daytime Phone #

0449802

CR2E034 (10/00)