

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90058 023 \*\*\*150.00

**DOCUMENT # P93000003346**

**1. Entity Name**  
**CRYSTAL RIVER SEAFOOD & OYSTER BAR OF COLUMBUS, INC.**

**Principal Place of Business**

**2606 MANCHESTER EXWY  
 COLUMBUS GA 31904  
 US**

**Mailing Address**

**~~5000 10 HIGHWAY 17~~  
 BOX 288  
 ORANGE PARK FL 32073  
 US**

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**City & State**

**Zip**

**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**

**7. Name and Address of New Registered Agent**

**AKEL, DANIEL D  
 ONE INDEPENDENT DR  
 SUITE 2301  
 JACKSONVILLE FL 32202**

**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**

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

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**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

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

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

**11. OFFICERS AND DIRECTORS**

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

**TITLE PD**  
**NAME SCOTT, WILLIAM M.**  
**STREET ADDRESS 1279 KINGSLEY AVE #116**  
**CITY-ST-ZIP ORANGE PARK FL 32073**

☐ Delete

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

☐ Change ☐ Addition

**TITLE VSTD**  
**NAME BAJALIA, SAMMY J**  
**STREET ADDRESS 1279 KINGSLEY AVE #116**  
**CITY-ST-ZIP ORANGE PARK FL 32073**

☐ Delete

**TITLE**  
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☐ Change ☐ Addition

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☐ 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:**

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

**Date**

**Daytime Phone #**

**(904) 284-4933**

CR2E034 (9/01)