

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000003418

Entity Name  
CRISTINE REAL ESTATE DEVELOPMENT, INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90130 023 \*\*\*150.00

Principal Place of Business

3309 U.S. HWY 19 N  
TARPON SPRINGS FL 34689  
S

Mailing Address

P.O. BOX 1608  
TARPON SPRINGS FL 34688-1608

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number  
59-3224997

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

FRIEDLAND, LEW  
43309 US HIGHWAY 19 NORTH  
TARPON SPRINGS FL 34689

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2002 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

## 1. OFFICERS AND DIRECTORS

1. ☐ Delete  
NAME: DVST FORD DAVID  
STREET ADDRESS: 43309 U.S. HWY 19 N  
CITY-ST-ZIP: TARPON SPRINGS FL

2. ☐ Delete  
NAME: DP FRIEDLAND, LEW  
STREET ADDRESS: 43309 US HWY 19 N  
CITY-ST-ZIP: TARPON SPRINGS FL

3. ☒ Delete  
NAME: D FRAIEGARI, DANTE  
STREET ADDRESS: 43309 US HWY 19 N  
CITY-ST-ZIP: TARPON SPRINGS FL

4. ☐ Delete  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

5. ☐ Delete  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

6. ☐ Delete  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

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

1. ☐ Change ☐ Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

2. ☐ Change ☐ Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

3. ☐ Change ☒ Addition  
NAME: DV ALDRIDGE, DANIEL  
STREET ADDRESS: 43309 US HWY 19 N  
CITY-ST-ZIP: TARPON SPRINGS FL 34689

4. ☐ Change ☐ Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

5. ☐ Change ☐ Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

6. ☐ Change ☐ Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

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 REQUIRED**

LEW FRIEDLAND

4/23/02

727 942 2591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)