

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000032826

1. Entity Name

CLASSIC RIVER OAKS, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90057 005 ***150.00

Principal Place of Business

247 GRAND AVE
MASARYKTOWN FL 34609
US

Mailing Address

30 N. RING AVE.
SUITE 400
TARPON SPRINGS FL 34689-4904

2. Principal Place of Business

3. Mailing Address

29 E. Tarpon Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tarpon Springs, FL

Zip

Country

Zip

Country

34689 US

4. FEI Number

59-3248438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLIMIS, GEORGE N
30 N. RING AVE.
SUITE 400
TARPON SPRINGS FL 34689

Name

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

29 E. Tarpon Avenue

City

Tarpon Springs

FL

Zip Code

34689

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MCKINNEY, CHARLES
CITY-ST-ZIP 247 GRAND AVE
MASARYKTOWN FL 34609

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP MASARYKTOWN, FL 34609

TITLE ☐ Delete
NAME V
STREET ADDRESS MCKINNEY, CHARLES
CITY-ST-ZIP 247 GRAND AVE
MASARYKTOWN FL 34609

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP MASARYKTOWN, FL 34609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Charles McKinney, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00 (352) 799-0879

Date

Daytime Phone #

CR2E034 (9/99)