

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90263 039 \*\*\*150.00

**DOCUMENT # P94000032826**

1. Entity Name  
**CLASSIC RIVER OAKS, INC.**



Principal Place of Business  
**247 GRAND AVE  
MASARYKTOWN FL 34609  
US**

Mailing Address  
~~20 E. TARPON DR~~  
**TARPON SPRINGS FL 34689**



2. Principal Place of Business

3. Mailing Address  
**George N. Klimis, P.A.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**27 E. ORANGE ASTR.**

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State  
**TARPON SPRINGS, FL**

4. FEI Number  
**59-3248438**

Applied For  
Not Applicable

Zip

Country

Zip  
**34689**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**KLIMIS, GEORGE N  
20 E. TARPON AVENUE  
TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name **George N. Klimis, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**27 E. ORANGE STR.**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCKINNEY, CHARLES</b>	
STREET ADDRESS	<b>247 GRAND AVE 13336 CENTRALIA RD</b>	
CITY-ST-ZIP	<b>MASARYKTOWN FL 34609 WEEKI WACHEE, FL 34614</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MCKINNEY, CHARLES</b>	
STREET ADDRESS	<b>247 GRAND AVE 13336 CENTRALIA RD</b>	
CITY-ST-ZIP	<b>MASARYKTOWN FL 34609 WEEKI WACHEE FL 34614</b>	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>13336 CENTRALIA RD.</b>	
CITY-ST-ZIP	<b>WEEKI WACHEE, FL 34614</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>13336 CENTRALIA RD.</b>	
CITY-ST-ZIP	<b>WEEKI WACHEE, FL 34614</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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

**4/17/2003**  
Date

**544-0660**  
Daytime Phone #

CR2E034 (10/02)