

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106338

1. Entity Name

CRYSTAL CENTER, INC.

FILED

Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90170 012 ***150.00

Principal Place of Business

Mailing Address

120 INTERNATIONAL PARKWAY
SUITE 220
HEATHROW FL 32746

120 INTERNATIONAL PARKWAY
SUITE 220
HEATHROW FL 32746-5049

2. Principal Place of Business

3. Mailing Address

160 International Pkwy
Suite, Apt. #, etc.
Suite 280

160 International Pkwy
Suite, Apt. #, etc.
Suite 280

City & State
Heathrow, FL

City & State
Heathrow, FL

Zip
32746

Country
USA

Zip
32746

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3483005

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

HORIAN, ROBERT L
120 INTERNATIONAL PARKWAY
SUITE 220
HEATHROW FL 32746

Name

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

160 International Parkway
Suite 280

City
Heathrow

FL

Zip Code
32746

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 PDS ☐ Delete
NAME HORIAN, ROBERT L
STREET ADDRESS 160 INTERNATIONAL PKWY., #280
CITY-ST-ZIP HEATHROW FL 32746

TITLE P, D, S, T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~DVPT~~ ☒ Delete
NAME CLORAN, URBAN-J
STREET ADDRESS 1310 TEMPLE GROVE
CITY-ST-ZIP WINTER PARK FL 32788

TITLE D ☐ Change ☒ Addition
NAME HORIAN, YVETTE M.
STREET ADDRESS 1918 WINGFIELD DR.
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Robert L. Horian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/00 407 829 3400

CR2E034 (9/99)