

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State
 02-02-2001 90267 021 ***150.00

DOCUMENT # P98000010776

1. Entity Name

GULF COAST CHARTERS OF CRYSTAL RIVER FLORIDA, IN

Principal Place of Business

**720 N.E. U.S. HIGHWAY 19
 CRYSTAL RIVER FL 34429**

Mailing Address

**720 N.E. U.S. HIGHWAY 19
 CRYSTAL RIVER FL 34429**

2. Principal Place of Business

**3499 E CHAPPELL COURT
 Suite, Apt. #, etc.**

3. Mailing Address

**3499 E. CHAPPELL COURT
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State **HERNANDO FLA**

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4. FEI Number **59-3501759**

Applied For
 Not Applicable

Zip **34442** Country **USA**

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

6. Name and Address of Current Registered Agent

**CHAPPELL, ROBERT S
 720 N.E. U.S. HIGHWAY 19
 CRYSTAL RIVER FL 34429**

7. Name and Address of New Registered Agent

Name **CHAPPELL, Robert S.**
 Street Address (P.O. Box Number is Not Acceptable)
3499 E, CHAPPELL COURT
 City **HERNANDO** FL Zip Code **34442**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D CHAPPELL, ROBERT S 720 N.E. U.S. HIGHWAY 19 CRYSTAL RIVER FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPPELL Robert S 3499 E Chappell Ct. HERNANDO, FL 34442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATCHELOR, ROGER O 720 N.E. U.S. HIGHWAY 19 CRYSTAL RIVER FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Batchelor, Roger O 2051 N. Heart Path CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Robert S. Chappell**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01 352-860-1927
 Date Daytime Phone #

CR2E034 (10/00)