

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000085778**

1. Entity Name

CRYSTAL RIVER ALLIGATOR FARM, INC.**FILED****Feb 09, 2000 8:00 am**
Secretary of State

02-09-2000 90223 030 ***150.00

Principal Place of Business 1645 PALM BEACH LAKES BOULEVARD SUITE 720 WEST PALM BEACH FL 33401		Mailing Address 1645 PALM BEACH LAKES BOULEVARD SUITE 720 WEST PALM BEACH FL 33401-2218	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0884587		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWENCKE, KERRY R 1645 PALM BEACH LAKES BOULEVARD SUITE 720 WEST PALM BEACH FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (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) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May be Added to Fees	
11. OFFICERS AND DIRECTORS TITLE PDTS <input type="checkbox"/> Delete NAME STEEL, PHILIP STREET ADDRESS 1645 PALM BEACH LAKES BOULEVARD, SUITE 720 CITY-ST-ZIP WEST PALM BEACH FL 33401		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Delete 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR01. 29 00 423 892 48
Date Daytime Phone #