

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90083 014 ***150.00

DOCUMENT # P98000085778

1. Entity Name

CRYSTAL RIVER ALLIGATOR FARM, INC.

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

2. Principal Place of Business

1209 NORTH OLIVE AVE
Suite, Apt. #, etc.
WEST PALM BEACH
City & State
FLORIDA
Zip
33401
Country
USA

3. Mailing Address

1209 NORTH OLIVE AVE
Suite, Apt. #, etc.
WEST PALM BEACH
City & State
FLORIDA
Zip
33401
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0884587

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

SCHWENCKE, KERRY R
1645 PALM BEACH LAKES BOULEVARD
SUITE 720
WEST PALM BEACH FL 33401

Name
Street Address (P.O. Box Number is Not Acceptable)
1209 NORTH OLIVE AVE
City WEST PALM BEACH FL Zip Code 33401

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.

KERRY R. SCHWENCKE
(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	PDS STEEL, PHILIP 1645 PALM BEACH LAKES BOULEVARD, SUITE 720 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1209 NORTH OLIVE AVE WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 18 01

Date

Daytime Phone #

CR2E034 (10/00)