

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90652 027 \*\*\*150.00

**DOCUMENT # P98000085778**

**1. Entity Name**  
**CRYSTAL RIVER ALLIGATOR FARM, INC.**

**Principal Place of Business**  
**1209 NORTH OLIVE AVE**  
**WEST PALM BEACH FL 33401**

**Mailing Address**  
**1209 NORTH OLIVE AVE**  
**WEST PALM BEACH FL 33401**



**2. Principal Place of Business**

**3. Mailing Address**

**5275 SOUTH SPYGLASS POINT**  
**SUITE, APT. #, ETC. HOMASASSA**  
**CITY & STATE FLORIDA**

**CRYSTAL RIVER ALLIGATOR FARM**  
**SUITE, APT. #, ETC. PO BOX 518**  
**CITY & STATE CRYSTAL RIVER**

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**  
**1209 NORTH OLIVE AVE**  
**WEST PALM BEACH FL 33401**

**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** **DATE** **4/22/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>PDS</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STEEL, PHILIP</b>		NAME		
STREET ADDRESS	<b>1209 NORTH OLIVE AVE</b>		STREET ADDRESS	<b>5275 SOUTH SPYGLASS POINT</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>		CITY-ST-ZIP	<b>HOMASASSA, FLORIDA 34441</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** **SIGNATURE REQUIRED**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **04. 24 02**  
**Date** **Daytime Phone #**

CR2E034 (9/01)