

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093252

1. Entity Name

CRYSTAL RIVER SEAFOOD NO. 5, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90041 024 ***150.00

Principal Place of Business

Mailing Address

5000-18 HIGHWAY 17 BOX 288
ORANGE PARK FL 32073

5000-18 HIGHWAY 17 BOX 288
ORANGE PARK FL 32067-0288

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3542087**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BAJALIA, SAM JR
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent sig

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 \$15
After MAY 1, 2000 Fee will be
Make Check Payable to Departm

00 May Be
ed to Fees

11. OFFICERS AND DIRECTORS

12.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAJALIA, MICHAEL 5000-18 HIGHWAY 17 BOX 288 ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAJALIA, LAVONIA 5000-18 HIGHWAY 17 BOX 288 ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAJALIA, AMY 5000-18 HIGHWAY 17 BOX 288 ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, WILLIAM 5000-18 HIGHWAY 17 BOX 288 ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNING, PAUL 5000-18 HIGHWAY 17 BOX 288 ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAJALIA, SAM JR 5000-18 HWY 17, BOX 288 ORANGE PARK FL 32073	<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"/> 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

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

Date

Daytime Phone #

CR2E034 (9/99)