

2002 UNIFORM BUSINESS REPORT (UBR)

0006477 AV

DOCUMENT # P98000093252

1. Entity Name
CRYSTAL RIVER SEAFOOD NO. 5, INC.

FILED

02 APR 30 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3346 E SEMORAN BLVD
APOPKA FL 32073

Mailing Address
5000-16 HIGHWAY 17 BOX 268
ORANGE PARK FL 32073

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
831 N. Palmetto Ave.
Suite, Apt. #, etc.

City & State
Green Cove Springs, FL

4. FEI Number 59-3542087
Applied For
Not Applicable

Zip Country
32043 USA

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 Daniel D. Akel
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 _____ (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, 2002 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 BAJALIA, MICHAEL 1279 KINGSLEY AVE #116 ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAJALIA, LAVONIA 1279 KINGSLEY AVE #116 ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAJALIA, AMY 1279 KINGSLEY AVE #116 ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, WILLIAM 1279 KINGSLEY AVE #116 ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNING, PAUL 1279 KINGSLEY AVE #116 ORANGE PARK FL 32073	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAJALIA, SAM JR 1279 KINGSLEY AVE #116 ORANGE PARK FL 32073	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	831 N. Palmetto Ave. Green Cove Springs, FL 32043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	100005501141-4 -05/09/02--01072--005 *****150.00 *****150.00	<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: Amy K. Bajer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02 (904)284-4933
Date Daytime Phone #

CR2E034 (9/01)

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

ATTACHMENT
#P98000093252

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																															
DOCUMENT # P98000093252 1. Corporation Name CRYSTAL RIVER SEAFOOD & OYSTER BAR #5, INC.																																																																	
Principal Place of Business 5000-18 HIGHWAY 17 BOX 288 ORANGE PARK FL 32073		Mailing Address 5000-18 HIGHWAY 17 BOX 288 ORANGE PARK FL 32073																																																															
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country																																																															
3. Date Incorporated or Qualified 11/03/1998		4. FEI Number Applied For Not Applicable																																																															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																															
7. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent AKEL, DANIEL D ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE FL 32202																																																															
9. Name and Address of New Registered Agent		10. Name and Address of New Registered Agent																																																															
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BAJALIA, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5000-18 HIGHWAY 17 BOX 288</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORANGE PARK FL 32073</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BAJALIA, LAVONIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5000-18 HIGHWAY 17 BOX 288</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORANGE PARK FL 32073</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BAJALIA, AMY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5000-18 HIGHWAY 17 BOX 288</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORANGE PARK FL 32073</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SCOTT, WILLIAM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5000-18 HIGHWAY 17 BOX 288</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORANGE PARK FL 32073</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BROWNING, PAUL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5000-18 HIGHWAY 17 BOX 288</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORANGE PARK FL 32073</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> DELETE	NAME	BAJALIA, MICHAEL		STREET ADDRESS	5000-18 HIGHWAY 17 BOX 288		CITY-ST-ZIP	ORANGE PARK FL 32073		TITLE	D	<input type="checkbox"/> DELETE	NAME	BAJALIA, LAVONIA		STREET ADDRESS	5000-18 HIGHWAY 17 BOX 288		CITY-ST-ZIP	ORANGE PARK FL 32073		TITLE	D	<input type="checkbox"/> DELETE	NAME	BAJALIA, AMY		STREET ADDRESS	5000-18 HIGHWAY 17 BOX 288		CITY-ST-ZIP	ORANGE PARK FL 32073		TITLE	D	<input type="checkbox"/> DELETE	NAME	SCOTT, WILLIAM		STREET ADDRESS	5000-18 HIGHWAY 17 BOX 288		CITY-ST-ZIP	ORANGE PARK FL 32073		TITLE	D	<input type="checkbox"/> DELETE	NAME	BROWNING, PAUL		STREET ADDRESS	5000-18 HIGHWAY 17 BOX 288		CITY-ST-ZIP	ORANGE PARK FL 32073		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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SIGNATURE: <u>Sam B. B. Jr.</u> (NOTE: Registered Agent signature required when revisiting) DATE: <u>1-18-99</u>																																																																	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption state indicated on this annual report or supplemental annual report is true and accurate and that my sign officer or director of the corporation or the receiver or trustee empowered to execute this report as Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered																																																																	

Please see
1999 Annual
Report (attached)
No change of
agent was made.

CR2E034 (11/98)

CRYSTAL RIVER SEAFOOD NO 5, INC. HOME OFFICE ACCOUNT 5000-18 HWY 17 BOX 288 ORANGE PARK, FL 32073		1022
PAY TO THE ORDER OF <u>Dept. of State</u>		DATE <u>1-18-99</u>
<u>One Hundred fifty & 00/100</u>		\$ <u>150.00/100</u>
SouthTrust Bank Orange Park, FL		63-943/631 BRANCH 98719