

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000017663

Entity Name

CRC OF WEST FLORIDA, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90005 023 \*\*\*150.00

Principal Place of Business		Mailing Address	
SHAW STREET PORT RICHEY FL 34652		5413 SHAW STREET NEW PORT RICHEY FL 34652-3964	
Principal Place of Business		Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>593562973</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

Janczlik  
~~JACZLIK~~, FRANK JR  
5413 SHAW STREET  
NEW PORT RICHEY FL 34652

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

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, 2000 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

**OFFICERS AND DIRECTORS**

PD	<input type="checkbox"/> Delete
SANGRIANO, RICHARD	
9726 SAND STONE LANE	
PORT RICHEY FL 34688	
STD	<input type="checkbox"/> Delete
JANCZLIK, FRANK JR	
5413 SHAW STREET	
NEW PORT RICHEY FL 34652	
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

**12.**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Frank Janczlik* FRANK JANCZLIK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/00  
Date

Daytime Phone #