

2001 UNIFORM BUSINESS REPORT (UBR)

01/31/01 AT

DOCUMENT # P94000052862

1. Entity Name
CRYSTAL SPRINGS PROPERTIES, INC.

FILED

01 SEP 26 AM 7:51

Principal Place of Business
**500 S CHAFFEE ROAD
JACKSONVILLE FL 32221**

Mailing Address
**1808 KINGLET COURT
COSTA MESA CA 92626
US**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-3207753**

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

**CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
1500 MIAMI CENTER
MIAMI FL 33131**

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 _____
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D <input type="checkbox"/> Delete
NAME	HUTCHINS, C. EUGENE
STREET ADDRESS	1808 KINGLET COURT
CITY-ST-ZIP	COSTA MESA CA 92626
TITLE	D <input type="checkbox"/> Delete
NAME	HUTCHINS, TRUDY J
STREET ADDRESS	1808 KINGLET COURT
CITY-ST-ZIP	COSTA MESA CA 92626
TITLE	<input type="checkbox"/> Delete
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******558.75 ****558.75**

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: *Eugene Hutchins* **REQUIRE** *Eugene Hutchins* **REQUIRE** *9/12/01* *(714) 545 2333*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (5/01)