## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 11, 2000 8:00 am Secretary of State DOCUMENT # 710236 1. Entity Name CITRUS COUNTY ASSOCIATION FOR RETARDED CITIZENS. 02-11-2000 90036 029 \*\*\*\*70.00 Principal Place of Business Mailing Address 1315 N. VAN NORTWICK RD. 16 NE 5 ST CRYSTAL RIVER FL 34429-4164 DUU1/6/2 LECANTO FL 32661 2. Principal Place of Business 3. Mailing Address 30 Heights Hye Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1154716 Enverness Not Application Zip Country \$8.75 Additional 5. Certificate of Status Desired 3445<u>2</u>-457 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) COLE. CHESTER V. 1315 N. VAN NORTWICK ROAD LECANTO FL 32661 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change TITI F TITI F Director ☐ Delete E. David Detmer WHITTON, B.M. JR NAME NAME STREET ADDRESS STREET ADDRESS 4930 N. MAPLE TERRACE 85 S. Maylan Avenue CITY-ST-ZIP CITY-ST-ZIP HERNANDO FL Lecanto, FL 34461 \_\_\_\_\_ TITLE SD Delete TITLE Director ☐ Change PEDRICK, RUTH NAME NAME Irene R. Hupp STREET ADDRESS STREET ADDRESS 3930 N. SEMINOLE PT. P.O. Box 170 CITY-ST-ZIP CITY-ST-ZIP CRYSTAL RIVER FL Lecanto, FL 34460-0170 ☐ Change — 🚍 · · · · · SD TITLE Director TITLE ☐ Delete GREEN, DORUS NAME NAME Pauline Allen STREET ADDRESS STREET ADDRESS 1020 N CIRCLE DR. 695 N. Maylen Avenue CITY-ST-ZIP CITY-ST-ZIP Lecanto, FL 34461-8939 CRYSTAL RIVER FL ভ - - - -Director ☐ Change TITLE Delete TITLÉ Neale Brennan NAME JOYNER, SAMUEL 4351 E. Parsons Point Road STREET ADDRESS **EAST HIGHWAY 44** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Hernando, FL 34442-2475 CRYSTAL RIVER FL Director TITLE ☐ Delete TIT! F Change Robert B. Hepfer ARMSTRONG, DAN W NAME NAME STREET ADDRESS 5684 E. Carlton Court STREET ADDRESS **58 N ROBINHOOD RD** CITY-ST-ZIP CITY-ST-ZIP **INVERNESS FL** Inverness, FL 34453 Director Change TITLE ☐ Delete TITI F DODGE, EDWARD DR. NAME NAME Dennis Miller STREET ADDRESS STREET ADDRESS 8700 E. FT. COOPER ROAD P.O. Box 2331 CITY-ST-ZIP CITY-ST-ZIP INVERNESS FL 34450 Crystal River, FL 34423-2331

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

MBM.) Whitton, Jr. CER OR DIRECTOR

1-31-00

352/341-4633

Daytime Phone #