2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
02-15-2001 90036 017 ****70.00

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DOCUMENT # 710236

1. Entity Name

CITRUS COUNTY ASSOCIATION FOR RETARDED CITIZENS,

Principal Place of Business	Mailing Address
1315 N. VAN NORTWICK RD. LECANTO FL 32661	130 HEIGHTS AVE INVERNESS FL 34452 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1154716 ☐ Applied For ☐ Not Applicable

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
COLE, CHESTER V. 1315 N. VAN NORTWICK ROAD LECANTO FL 32661	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 N/A

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WHITTON, B.M. JR 4930 N. MAPLE TERRACE HERNANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer E. David Detmer 855 S. Maylen Avenue Lecanto FL 34461	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~PEDRICK~~, RUTH L. Levins 3930 N. SEMINOLE PT. CRYSTAL RIVER FL	☐ Delete Change	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Coorspondence Secretary Robert B. Hepfer 5685 E. Carlton Court Inverness FL 34453	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GREEN, DORUS 1020 N CIRCLE DR. CRYSTAL RIVER FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Neale Brennan 4351 E. Parsons Point Road Hernando FL 34442-2475	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ Director JOYNER, SAMUEL EAST HIGHWAY 44 CRYSTAL RIVER FL	☐ Delete change	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Carolyn Zemanik 2575 N. Lantern Terrace Hernando FL 34442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ Director ARMSTRONG, DAN W 58 N ROBINHOOD RD INVERNESS FL	☐ Delete change	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Dennis miller	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Vice President DODGE, EDWARD DR. 8700 E. FT. COOPER ROAD INVERNESS FL 34450	☐ Delete change	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Irene R. Hupp N Hwy 19 (PO Box 170) Lecanto FL 34460-0170	☐ Change ☒ Addition

CR2E037 (10/00)

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.

SIGNATURE: B.M. Whitton, Jr. President 1/31/01 (352)341-4633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #