

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90232 001 *****80.00

DOCUMENT # 714070

1. Entity Name

THE CRITERION CIVIC CLUB, INC.



Principal Place of Business

P.O. BOX 1181
EUSTIS FL 32727
US

Mailing Address

P.O. BOX 1181
EUSTIS FL 32727
US

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 **59-3192355**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, CARLA
810 LIBERTY ST.
EUSTIS FL 32726

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **MITCHELL, CARLA**
STREET ADDRESS **810 LIBERTY ST.**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **D** ☒ Change ☐ Addition
NAME **MITCHELL, CARLA**
STREET ADDRESS **810 LIBERTY St.**
CITY-ST-ZIP **EUSTIS, FL. 32726**

TITLE **VD** ☐ Delete
NAME **CONEY, BETTYE**
STREET ADDRESS **33605 CR 468**
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE **PD** ☒ Change ☐ Addition
NAME **CONEY, BETTYE**
STREET ADDRESS **33605 CR 468**
CITY-ST-ZIP **FRUITLAND PARK, FL. 34731**

TITLE **ST** ☐ Delete
NAME **SIMPSON, SANDRA**
STREET ADDRESS **300 W. DOANE AVE.**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **BENN, ELOIS**
STREET ADDRESS **55 ABRAMS ROAD**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **JACQUELINE, LUCAS**
STREET ADDRESS **215 LAUREL OAK DR.**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **BOYD, EVA**
STREET ADDRESS **1131 MAGNOLIA AVE.**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **VD** ☒ Change ☐ Addition
NAME **BOYD, EVA**
STREET ADDRESS **1131 MAGNOLIA AVE.**
CITY-ST-ZIP **EUSTIS, FL. 32726**

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:

Sandra Simpson
SIGNATURE REQUIRED

3/27/03 352-589-1368

CR2E037 (10/02)