

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720657

1. Entity Name

CITRUS COUNTY AUDUBON SOCIETY, INC.

Principal Place of Business

P O BOX 2943
HOMOSASSA SPRINGS FL 34447-2943

Mailing Address

P O BOX 2943
HOMOSASSA SPRINGS FL 34447-2943

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

23-7160727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUSTER, MARTHA
75 SYCAMORE CIRCLE
HOMOSASSA FL 34446-4528

7. Name and Address of New Registered Agent

Name

JAMES BIERLY

Street Address (P.O. Box Number is Not Acceptable)

15 DRYPETES CT. WEST

City

HOMOSASSA

FL

Zip Code

34446

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

Signature, typed or printed name of registered agent and title if applicable.

JAMES BIERLY

(NOTE: Registered Agent signature required when reinstating)

14 JAN 2001

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

TITLE P
NAME MILLER, RONALD J
STREET ADDRESS 4114 S WASHINGTON POINT
CITY-ST-ZIP HOMOSASSA FL 34448 ☐ Delete

TITLE VPD
NAME SMITH, MYRON L
STREET ADDRESS 467 N. FITZPATRICK AVENUE
CITY-ST-ZIP INVERNESS FL 34453 ☒ Delete

TITLE VPD
NAME PAINE, MEREDITH
STREET ADDRESS 11321 W. BAYSHORE DRIVE
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☒ Delete

TITLE D
NAME GREGORY, GERALD
STREET ADDRESS 15 BEGONIAS COURT
CITY-ST-ZIP HOMOSASSA FL 34446 ☒ Delete

TITLE TD
NAME CUSTER, MARTHA
STREET ADDRESS 75 SYCAMORE CIRCLE
CITY-ST-ZIP HOMOSASSA FL 34446 ☒ Delete

TITLE D
NAME MAWHINNEY, THOMAS A
STREET ADDRESS 1255 S. ESTAT PT
CITY-ST-ZIP INVERNESS FL 34451 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VPD
NAME CASSELBERRY, JACK
STREET ADDRESS 2890 N. COMMANCHE PT
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Change ☒ Addition

TITLE VPD
NAME SHERWOOD, HAZEL
STREET ADDRESS 19660 SW 83 PL. RD
CITY-ST-ZIP DUNELLON FL 34432 ☐ Change ☒ Addition

TITLE SD
NAME WILSON, MARION
STREET ADDRESS 2961 W PLANTATION PINES
CITY-ST-ZIP LECANTO FL 34461 ☐ Change ☒ Addition

TITLE TD
NAME BIERLY, JAMES
STREET ADDRESS 15 DRYPETES CT WEST
CITY-ST-ZIP HOMOSASSA FL 34446 ☐ Change ☒ Addition

TITLE D
NAME SPILIOS, KEN
STREET ADDRESS 8676 MOCCASIN SIG. RD
CITY-ST-ZIP INVERNESS FL 34450 ☐ Change ☒ Addition

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:

JAMES BIERLY 14 JAN 2001 (352) 382-3865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0078189

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90035 019 *****61.25

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DO NOT WRITE IN THIS SPACE