

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90071 042 ****61.25

DOCUMENT # 724212

1. Entity Name

THE CITRA IMPROVEMENT SOCIETY AND VOLUNTEER FIRE

Principal Place of Business

2189 NE 180TH LANE
 P.O. BOX 236
 CITRA FL 32113

Mailing Address

2189 NE 180TH LANE
 P.O. BOX 236
 CITRA FL 32113-0236

00000303



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 **59-1802491**

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

CROSBY, W. J.
2 ML E CITRA SR 318
CITRA FL 32113

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

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 **D** Delete
 NAME **BAGLEY, EDWARD L**
 STREET ADDRESS **1 BK OF US 301**
 CITY-ST-ZIP **CITRA FL 32113**

TITLE **D** Change Addition
 NAME **BRINSON, KAREN**
 STREET ADDRESS **7 MI E of US 301 on CR 318**
 CITY-ST-ZIP **CITRA, FL 32113**

TITLE **PD** Delete
 NAME **MCGEE, JOHN S (CHMN)**
 STREET ADDRESS **1 1/2 ML W CITRA SR 318**
 CITY-ST-ZIP **CITRA FL 32113**

TITLE **D** Change Addition
 NAME **SIMS, KAREN**
 STREET ADDRESS **2 BKS W of US 301**
 CITY-ST-ZIP **CITRA FL 32113**

TITLE **D** Delete
 NAME **PERRY, C W**
 STREET ADDRESS **1 BK E OF US 301**
 CITY-ST-ZIP **CITRA FL 32113**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PERRY, REX O.**
 STREET ADDRESS **2 BKS E OF US 301**
 CITY-ST-ZIP **CITRA FL 32113**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** Delete
 NAME **CROSBY, W. J.**
 STREET ADDRESS **2 ML E CITRA SR 318**
 CITY-ST-ZIP **CITRA FL 32113**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: W. J. Crosby **W. J. CROSBY** **QUINCY** **CROSBY** **JAN 13, 2000** **352-595-3871**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (9/99)