2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
03-15-2000 90029 012 ****70.00

DOCUMENT # 759803

1. Entity Name

CITRUS COUNTY FOSTER PARENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1283 INVERNESS FL 34451 US	P.O. BOX 1283 INVERNESS FL 34451-1283 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 59-2858475 ☐ 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
COATES, HAROLD P 1421 W HIGHLAND BLVD INVERNESS FL 34452	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GROSS, MIRIAM E 4595 ROBERT BLAKE AVE INVERNESS FL 34452	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HOLMES, IRENE 4841 S MAHOGANY TERR INVERNESS FL 34450	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~ELIZ~~ VP DOERR, ELIZABETH 7383 E. APRIL COURT FLORAL CITY, FL 34436	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COATES, HAROLD P 1421 W HIGHLAND BLVD INVERNESS FL 34452	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RUDDENIS, DEBRA 7429 S BRADLEY PT LELANTO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNES, STACEY 3735 TURQUOISE DR HERNANDO FL 34442	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLMES, IRENE 4841 S. MAHOGANY TERR INVERNESS, FL 34450	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOERR, ELIZABETH 7383 E APRIL CT FLORAL CITY FL 34436	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEWART, TERRIANN 9765 E. GOLDFINCH LANE INVERNESS, FL 34450	☑ Change ☐ Addition

CR2E037 (9/99)

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: Harold P Coates TREASUER 3-10-2000 352-637-0363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #