

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90055 032 *****61.25

DOCUMENT # 759803

1. Entity Name

CITRUS COUNTY FOSTER PARENT ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 1283
INVERNESS FL 34451
US

Mailing Address

P.O. BOX 1283
INVERNESS FL 34451
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

59-2858475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COATES, HAROLD P
1421 W HIGHLAND BLVD
INVERNESS FL 34452

7. Name and Address of New Registered Agent

Name **Deborah L. Harden**
Street Address (P.O. Box Number is Not Acceptable)
5820 W. Pine Circle
City **Crystal River** **FL** Zip Code **34429**

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

Deborah L. Harden *Treas & Reg Agent 2/23/01*
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

TITLE	P	☒ Delete
NAME	GROSS, MIRIAM E	
STREET ADDRESS	4595 ROBERT BLAKE AVE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	VP	☒ Delete
NAME	DOERR, ELIZABETH	
STREET ADDRESS	7383 E. APRIL COURT	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	T	☒ Delete
NAME	COATES, HAROLD P	
STREET ADDRESS	1421 W HIGHLAND BLVD	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	SD	☒ Delete
NAME	RUDDENIS, DEBRA	
STREET ADDRESS	7429 S BRADLEY PT	
CITY-ST-ZIP	LELANTO FL	
TITLE	D	☒ Delete
NAME	HOLMES, IRENE	
STREET ADDRESS	4841 SOUTH MAHOGANY TERRACE	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	☒ Delete
NAME	STEWART, TERRIANN	
STREET ADDRESS	97651 E. GOLDFINCH LANE	
CITY-ST-ZIP	INVERNESS FL 34450	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Change ☐ Addition
NAME	Barbara Hill	
STREET ADDRESS	2885 E. North Street	
CITY-ST-ZIP	Inverness, FL 34453	
TITLE	VP	☒ Change ☐ Addition
NAME	Dianne Bailey	
STREET ADDRESS	920 E. Harvard Street	
CITY-ST-ZIP	Inverness, FL 34452	
TITLE	T	☒ Change ☐ Addition
NAME	Deborah L. Harden	
STREET ADDRESS	5820 W. Pine Circle	
CITY-ST-ZIP	Crystal River, FL 34429	
TITLE	SD	☒ Change ☐ Addition
NAME	Sandra Csombok	
STREET ADDRESS	2711 W. Mystery Lane	
CITY-ST-ZIP	Citrus Springs, FL 34434	
TITLE	D	☒ Change ☐ Addition
NAME	William Harrigan	
STREET ADDRESS	5509 E. Jasmine Lane	
CITY-ST-ZIP	Inverness, FL 34453	
TITLE	D	☒ Change ☐ Addition
NAME	Suzanne Coates	
STREET ADDRESS	1421 W. Highland Blvd.	
CITY-ST-ZIP	Inverness, FL 34452	

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:

Barbara Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)