

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90132 036 \*\*\*\*61.25

**DOCUMENT # N17632**

1. Entity Name  
**CITRUS HILLS WOMEN'S CLUB, INC.**

Principal Place of Business P. O. BOX 1494 HERNANDO FL 34442 US	Mailing Address P. O. BOX 1494 HERNANDO FL 34442 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2952634</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>ROSENBERY, MILDRED</b> <b>270 W. LIBERTY</b> <b>HERNANDO FL 34442</b>				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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HOFFMAN, WILMA		NAME				
STREET ADDRESS	842 N. MAN-O-WAR		STREET ADDRESS				
CITY-ST-ZIP	INVERNESS FL 34453		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	STOOPS, ELAINE		NAME	JACKIE SUPERSON			
STREET ADDRESS	1393 N ANNAPOLIS		STREET ADDRESS	842 MAN-O-WAR			
CITY-ST-ZIP	HERNANDO FL 34442		CITY-ST-ZIP	INVERNESS, FL 34453			
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BOCK, PEGGY A		NAME				
STREET ADDRESS	1594 E PACIFIC N		STREET ADDRESS				
CITY-ST-ZIP	INVERNESS FL 34453		CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S/P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MEK, JOYCE S		NAME	PEGGY ANN SIMON			
STREET ADDRESS	1871 E. ALLEGRE		STREET ADDRESS	1428 E ALLEGRIE DR.			
CITY-ST-ZIP	INVERNESS FL 34453		CITY-ST-ZIP	INVERNESS FL 34453			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: *Peggy A Bock* **BOCK, PEGGY A** **SIGNATURE REQUIRED** **BOCK, PEGGY A**  
 Date: **4/2/02** Daytime Phone #: **352-637-5770**

CR2E037 (9/01)