

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90128 013 \*\*\*\*61.25

**DOCUMENT # N33539**

1. Entity Name

**CAMBRIDGE GREENS OF CITRUS HILLS, FIRST ADDITION**

Principal Place of Business

Mailing Address

6220 W. CORPORATE OAKS DR.  
 CRYSTAL RIVER FL 34429-8723  
 US

6220 W. CORPORATE OAKS DR.  
 CRYSTAL RIVER FL 34429-8723  
 US

**B0009238**



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

**59-2963547**

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

**ROBERT SCHLUMBERGER**  
**6220 W CORPORATE OAKS DR**  
**CRYSTAL RIVER FL 34429**

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  Delete  
 NAME **P. TRUAX, ROBERT**  
 STREET ADDRESS **801 N BERLIN PT**  
 CITY-ST-ZIP **INVERNESS FL 34453**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D. MURRAY WILLIAM**  
 STREET ADDRESS **900 N LAFAYETTE WAY**  
 CITY-ST-ZIP **INVERNESS FL 34453**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **ST. SINCLAIR, DONALD**  
 STREET ADDRESS **819 N LAFAYETTE WAY**  
 CITY-ST-ZIP **INVERNESS FL 34453**

TITLE  Change  Addition  
 NAME **TREASURER DONALD F. SINCLAIR**  
 STREET ADDRESS **819 N LAFAYETTE WAY**  
 CITY-ST-ZIP **INVERNESS, FL 34453**

TITLE  Delete  
 NAME **D. LEVESQUE, JOSEPH**  
 STREET ADDRESS **1882 E MONOPOLY LP**  
 CITY-ST-ZIP **INVERNESS FL 34453**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VP SOTRINES, DAVID**  
 STREET ADDRESS **1000 E MONOPOLY LOOP**  
 CITY-ST-ZIP **INVERNESS FL 34453**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **804 N. BENNINGTON TERR**  
 CITY-ST-ZIP **INVERNESS FL 34453**

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:

*Robert C. Truax*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2000

352-860-1630

Date

Daytime Phone #

CRZE037 (9/99)