

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90794 038 ****61.25

DOCUMENT # N93000001356

1. Entity Name

~~RETIRED OFFICERS ASSOCIATION OF CITRUS COUNTY, INC.~~

Principal Place of Business

2905 N PENNSYLVANIA AVE
CRYSTAL RIVER FL 34428

Mailing Address

POST OFFICE BOX 995
INVERNESS FL 34451

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 **59-3180300**

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

~~RUNYON~~
~~RUTEN, GARY E~~
2905 N PENNSYLVANIA AVE
CRYSTAL RIVER FL 34428

PLEASE
CORRECT

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

GARY E RUNYON 27 APRIL 2003 (352) 563-5727

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS KENNEY, JOHN
CITY-ST-ZIP 17 GLOXINIAS CT
HOMOSASSA FL 34446-0001

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS RESARE, RONALD A
CITY-ST-ZIP 1881 E. FLETCHER ST
HERNANDO, FL 34442-4908

TITLE ☐ Delete
NAME D
STREET ADDRESS TRUAX, ROBERT C
CITY-ST-ZIP 801 N BERLIN POINT
INVERNESS FL 34453

TITLE ☐ Change ☒ Addition
NAME V
STREET ADDRESS CLARENCE HOGBERG, CLARENCE W
CITY-ST-ZIP 715 BALMORAL CT
INVERNESS, FL, 34453-4433

TITLE ☐ Delete
NAME T
STREET ADDRESS GREEN, TOM
CITY-ST-ZIP 6160 N. WHITE PALM WAY
BEVERLY HILLS FL 34456-2581

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS MCLEOD, CARLTON
CITY-ST-ZIP 670 W PEARSON STREET
HERNANDO FL 34442-4879

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS RUNYON, GARY E
CITY-ST-ZIP 2905 N PENNSYLVANIA AVE
CRYSTAL RIVER FL 34428

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V
STREET ADDRESS LEE, RICHARD H
CITY-ST-ZIP 8 MILBANK COURT S
HOMOSASSA FL 34446-4152

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: RONALD A. RESARE 27 APRIL 2003 352-344-3123

CR2E037 (10/02)