

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

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90137 033 ****61.25

DOCUMENT # N94000005225

1. Entity Name

THE NEW INVERNESS OLDE TOWN ASSOCIATION, INC.



Principal Place of Business

**207 NORTH APOPKA AVENUE
INVERNESS FL 34450**

Mailing Address

**207 NORTH APOPKA AVENUE
INVERNESS FL 34450**

2. Principal Place of Business

105 Courthouse Sq.

3. Mailing Address

105 Courthouse Sq.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INVERNESS, FL.

City & State

INVERNESS

4. FEI Number **59-3289247**

Applied For

Not Applicable

Zip

34450

Country

Citrus

Zip

34450

Country

Citrus

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOLADEAN, NINNAH
207 NORTH APOPKA AVENUE
INVERNESS FL 34450**

7. Name and Address of New Registered Agent

Name **ANDREA PERRY c/o Ritzy Rags**
Street Address (P.O. Box Number is Not Acceptable)
105 Courthouse Square
City **INVERNESS** FL Zip Code **34450**

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 **PERRY, ANDREA - TREASURER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Andrea Perry 5/20/03

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

TITLE	DT	☒ Delete
NAME	NINNAH, SOLADEAN	
STREET ADDRESS	207 N. APOPKA AVENUE	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	DVP	☐ Delete
NAME	LEE, SCOTT	
STREET ADDRESS	109 WEST MAIN STREET	
CITY-ST-ZIP	INVERNESS FL 34440	
TITLE	D	☒ Delete
NAME	QUICK, DAN	
STREET ADDRESS	ONE COURTHOUSE SQUARE	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	DP	☐ Delete
NAME	PERRY, WINSTON	
STREET ADDRESS	P.O. BOX 627	
CITY-ST-ZIP	OLDE HOMOSASSA FL 34487	
TITLE	DS	☒ Delete
NAME	FALCONE, PAT	
STREET ADDRESS	11165 N BLACKFOOT POINT	
CITY-ST-ZIP	DUNNELLON FL 34434	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☒ Change ☐ Addition
NAME	PERRY, ANDREA	
STREET ADDRESS	105 COURTHOUSE SQUARE	
CITY-ST-ZIP	INVERNESS, FL. 34450	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME	DIXON, SANDRA	
STREET ADDRESS	207 NO. APOPKA AVE	
CITY-ST-ZIP	INVERNESS, FL. 34450	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME	NORTON, TERRY	
STREET ADDRESS	c/o Citrus County Chronicle	
CITY-ST-ZIP	1624 No. Meadowcrest Blvd. CRYSTAL RIVER, FLA. 32629	
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:

SIGNATURE REQUIRED

5/20/03 (352) 628-1067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)