

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90012 013 ****61.25

DOCUMENT # N97000004179

1. Entity Name

THE CITADEL CLUB OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

**1941 SOUTHEAST 51ST TERRACE
 Ocala FL 34471**

**1941 SOUTHEAST 51ST TERRACE
 Ocala FL 34471-5763**

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

59-3529071

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALVO, WILLIAM A III
 1941 SOUTHEAST 51ST TERRACE
 Ocala FL 34471**

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 **D**
CALVO, WILLIAM A III
 STREET ADDRESS **1941 SOUTHEAST 51ST TERRACE**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE Change Addition
 NAME **Director**
Donald B. Hamilton
 STREET ADDRESS **5550 SW 28th Ave.**
 CITY-ST-ZIP **Ocala, FL 34474**

TITLE Delete
 NAME **D**
CHAMBERLIN, G R
 STREET ADDRESS **1500 SOUTH HIGHWAY 441**
 CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE Change Addition
 NAME **Director**
Bennett LaCour III
 STREET ADDRESS **595 N. Nova Rd. 122**
 CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE Delete
 NAME **D**
DEKLE, GEORGE W JR
 STREET ADDRESS **3600 NORTHWEST TWELFTH STREET**
 CITY-ST-ZIP **GAINESVILLE FL 32609-2140**

TITLE Change Addition
 NAME **Treasurer**
Edward Johnson, Jr.
 STREET ADDRESS **1337 SE 8th St.**
 CITY-ST-ZIP **Ocala, FL 34471**

TITLE Delete
 NAME **S**
MITCHEM, VANESSA H
 STREET ADDRESS **15 ALMOND PASS**
 CITY-ST-ZIP **OCALA FL 34472**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Edward J. Johnson Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DayTime Phone #

Edward J. Johnson Jr. 1/26/00 352-694-9182

CR2E037 (9/99)