

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097838

1. Entity Name

DNL OF CITRUS, INC.

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90003 028 ***150.00

0530500 AV

Principal Place of Business

1801 NW HWY 19
STE 509
CRYSTAL RIVER FL 34428

Mailing Address

721 N. COUNTRY CLUB DR.
CRYSTAL RIVER FL 34428

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0961691

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

MULVIE, SHARON
7360 W. COPENHAGEN ST.
DUNNELLON FL 34433

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PS
NAME LAMBO, LINDA
STREET ADDRESS 721 N COUNTRY CLUB DR
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Delete

TITLE VP
NAME LAMBO, DAVID
STREET ADDRESS 721 N COUNTRY CLUB DR
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Delete

TITLE T
NAME MULVIE, SHARON
STREET ADDRESS 7360 W COPENHAGEN ST
CITY-ST-ZIP DUNNELLON FL 34433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/02 352 795-3313

Date

Daytime Phone #

CR2E034 (9/01)