2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 07, 2002 8:00 am Secretary of State **DOCUMENT # 744056** 1. Entity Name CITIZENS FOR THE OLD LUTZ SCHOOL BUILDING, INC. 02-07-2002 90018 036 ****61.25 Principal Place of Business Mailing Address 18819 US.S HIGHWAY NO. 41 202 W. LUTZ LAKE FERN ROAD **LUTZ FL 33549** LUTZ FL 33549 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2945889 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HOEDT, PHYLLIS J. 202 W. LUTZ LAKE FERN ROAD **LUTZ FL 33549** City 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State હ્યું. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CR2E037 (9/01) TITLE Delete TITLE Addition NAME HOEDT, WILLIAM NAME STREET ADDRESS 202 W LUTZ LAKE DERN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ, FLORIDA 00000 TITLE ☐ Delete TITLE Change ☐ Addition NAME HOEDT, PHYLLIS J. NAME STREET ADDRESS 202 W LUTZ LAKE FERN ROD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ, FLORIDA 00000 Delete ---☐ Change TITLE ☐ Addition TITLE **BUCKINGHAM, AURALEE** NAMÉ NAME STREET ADDRESS STREET ADDRESS 19216 BLOUNT ROAD CITY-ST-7IP CITY-ST-7IP LUTZ FL ☐ Delete TITLE TITLE Change ☐ Addition NEVEL, BEN NAME NAME STREET ADDRESS 18602 SAN RIO CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PITTMAN, ELAINE NAME STREET ADDRESS 105 2ND AVE SE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ FL 33549 TITLE ☐ Addition TITLE ☐ Delete NAME NEVEL. BETH NAME STREET ADDRESS 18602 SAN RIO CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549**

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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.