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

DOCUMENT # 762601

Country

6. Name and Address of Current Registered Agent

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

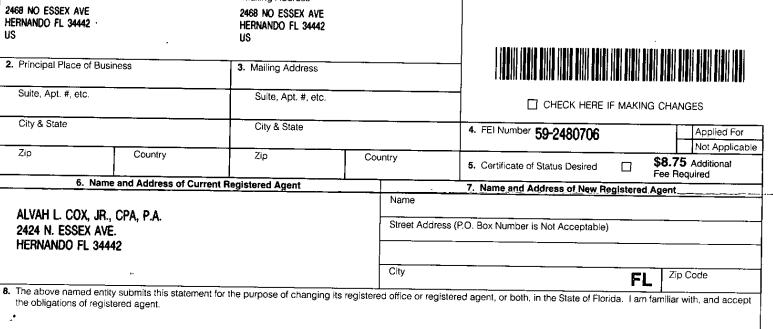
| 1. Entity Name CITRUS HILLS PROPERTY OW | | | |
|--|--|--|--|
| Principal Place of Business | Mailing Address | | |
| 2468 NO ESSEX AVE HERNANDO FL 34442 US | 2468 NO ESSEX AVE HERNANDO FL 34442 US | | |
| 2. Principal Place of Business | 3. Mailing Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |

City & State

Zip

FILED Mar 03, 2003 8:00 am § Secretary of State

03-03-2003 90468 006 ****61.25



DATE

| FILE NOW: FEE IS \$61.25 | | 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/CHANG | ES TO OFFICERS AND D | IRECTORS IN | L 10 | |
| TITLE | D | ☐ Delete | TITLE | 170 | | CO TO OTT TOLING AIND D | □ C***** | | |
| NAME | MITCHELL, CAROL | _ 50,000 | NAME | <a< td=""><td>II Dules</td><td>ARLESTON C</td><td>☐ Change</td><td>Addition</td></a<> | II Dules | ARLESTON C | ☐ Change | Addition | |
| STREET ADDRESS | 3250 N BOSWELL TER | | STREET ADDRESS | 100 | OF AH | LDIOSTANIA | <i>!</i> | ļ | |
| CITY-ST-ZIP | HERNANDO FL 34442 | | CITY-ST-ZIP | 1/2 | PONANA | FL 34448 LLINGSWOK PRTY ST. | , · | | |
| TITLE | VPD | ☐ Delete | TITLE | 7 | KIVITIVEO, | PE 37770 | <u></u> | | |
| NAME | PETERSON, THOMAS | L Delete | NAME | POL | ISSPIL HA | HINGSWA | Change | Addition | |
| STREET ADDRESS | 136 E. JOPLIN CT. | | STREET ADDRESS | 11 | 5002 700 | CLINGDOOR | VI H | ľ | |
| CITY-ST-ZIP | HERNANDO FL 34442 | 4** - | CITY-ST-ZIP | LID. | NANINA | FL 3444 |) ~ | | |
| TITLE | D | ☐ Delete | TITLE | 770 | ACIVITIVE I | , FL DATI | | | |
| NAME | QUINN, TIM | C Delete | NAME | 1 | | | Change | ☐ Addition | |
| STREET ADDRESS | 197 E JOPLIN CT | | STREET ADDRESS | | | | | ſ | |
| CITY-ST-ZIP | HERNANDO FL 34442 | | CITY-ST-ZIP | İ | | | | | |
| TITLE | D | Delete | TITLE | - | | | | | |
| NAME | STOOPS, JACK | a y Delete | NAME | i | | | Change | Addition | |
| STREET ADDRESS | 1393 N ANNAPOLIS AVE | | STREET ADDRESS | | | | | ſ | |
| CITY-ST-ZIP | HERNANDO FL 34442 | | CITY-ST-ZIP | | | | | | |
| TITLE | PD | ☐ Delete | TITLE | | <u>-</u> | . | | | |
| NAME | COLLINS, ROBERT | C Descite | NAME | | | | Change | ☐ Addition | |
| STREET ADDRESS | 1602 W STAFFORD ST | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | HERNANDO FL 34442 | | CITY-ST-ZIP | | | | | j | |
| TITLE | TD | ☑ Delete | TITLE | | | · · · · · · · · · · · · · · · · · · · | C Channel | D Addition | |
| NAME | FRASER, JACK | المانان والمان | NAME | | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | 511 E IRELAND CT | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | HERNANDO EL 24442 | | OITY OF 31D | | | | | l l | |

Country

Name

City

(NOTE: Registered Agent signature required when reinstating)

12. I hereby certify that the information supplied with this filling 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:

City & State

ALVAH L. COX, JR., CPA, P.A.

the obligations of registered agent.

2424 N. ESSEX AVE. HERNANDO FL 34442

Zip

SIGNATURE

SIGNATURE REQUIRED