

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705410

1. Entity Name

CITRUS CENTER BOYS AND GIRLS CLUBS, INC.

Principal Place of Business

2400 HAVENDALE BLVD
PO BOX 2666
WINTER HAVEN FL 33883

Mailing Address

2400 HAVENDALE BLVD
PO BOX 2666
WINTER HAVEN FL 33883-2666

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BOGDAHN, JOE
46 4TH ST SW
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name
Gary R. Price
Street Address (P.O. Box Number is Not Acceptable)
525 Pope Avenue NW
Winter Haven FL 33881
City Winter Haven FL 33881

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BOGDAHN, JOE	
STREET ADDRESS	46 4TH ST SW	
CITY - ST - ZIP	WINTER HAVEN FL 33880	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PRICE, GARY	
STREET ADDRESS	525 POPE AVE NW	
CITY - ST - ZIP	WINTER HAVEN FL 33881	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BELL, GARY	
STREET ADDRESS	525 POPE AVE NW	
CITY - ST - ZIP	WINTER HAVEN FL 33881	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRABILL, ROGER	
STREET ADDRESS	6 LAKE ELOISE LANE	
CITY - ST - ZIP	WINTER HAVEN, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCARBROUGH, JEFF	
STREET ADDRESS	122 WEST CENTRAL AVE.	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	ED	<input type="checkbox"/> Delete
NAME	HALL, WALTER D SR	
STREET ADDRESS	238 7TH L HAMILTON	
CITY - ST - ZIP	LAKE HAMILTON FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary R. Price	
STREET ADDRESS	525 Pope Avenue NW	
CITY - ST - ZIP	Winter Haven FL 33881	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Richardson	
STREET ADDRESS	12 Golfview Circle NE	
CITY - ST - ZIP	Winter Haven FL 33881	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bell, Mike	
STREET ADDRESS	5580 Cypress Gardens Blvd. SE	
CITY - ST - ZIP	Winter Haven FL 33884	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Walter D Hall Sr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/2000 863-967-1532
Date Daytime Phone #

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90011 046 ****61.25

00038855



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0776417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required