

**2001 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-0776417**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**Jeffrey Scarbrough**

Street Address (P.O. Box Number is Not Acceptable)

**391 East Central Avenue**

City

**Winter Haven****FL**Zip Code  
**33880**

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 **Jeffrey Scarbrough President****4-06-2001**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	PRICE, GARY R	
STREET ADDRESS	525 POPE AVE NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey Scarbrough	
STREET ADDRESS	391 East Central Avenue	
CITY-ST-ZIP	Winter Haven FL 33880	

TITLE	VD	<input type="checkbox"/> Delete
NAME	RICHARDSON, CHARLES	
STREET ADDRESS	12 GOLFVIEW CIRCLE NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
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	SD	<input checked="" type="checkbox"/> Delete
NAME	CRABILL, ROGER	
STREET ADDRESS	6 LAKE ELOISE LANE	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SCARBROUGH, JEFF	
STREET ADDRESS	122 WEST CENTRAL AVE.	
CITY-ST-ZIP	WINTER HAVEN FL	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terri Johnston	
STREET ADDRESS	525 Pope Avenue NW	
CITY-ST-ZIP	Winter Haven FL 33881	

TITLE	ED	<input type="checkbox"/> Delete
NAME	HALL, WALTER D SR	
STREET ADDRESS	238 7TH L HAMILTON	
CITY-ST-ZIP	LAKE HAMILTON FL	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-06-01 863-967-1532**

DO NOT WRITE IN THIS SPACE

0067808

CR2E037 (10/00)