

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90311 015 ****61.25

DOCUMENT # 705410

1. Entity Name

CITRUS CENTER BOYS AND GIRLS CLUBS, INC.

Principal Place of Business

Mailing Address

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

**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 & State

City & 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

**SCARBOROUGH, JEFFREY
 391 EAST CENTRAL AVE
 WINTER HAVEN FL 33880**

Name

SAME

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

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **SCARBOROUGH, JEFFREY**
 CITY-ST-ZIP **391 EAST CENTRAL AVE
 WINTER HAVEN FL 33880**

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **RICHARDSON, CHARLES**
 CITY-ST-ZIP **12 GOLFVIEW CIRCLE NE
 WINTER HAVEN FL 33881**

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **BELL, MIKE**
 CITY-ST-ZIP **5580 CYPRESS GARDENS BLVD SE
 WINTER HAVEN FL 33884**

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

TITLE ☒ Delete
 NAME **SD**
 STREET ADDRESS **CRABILL, ROGER**
 CITY-ST-ZIP **6 LAKE ELOISE LANE
 WINTER HAVEN, FL 00000**

TITLE ☒ Change ☐ Addition
 NAME **SD**
 STREET ADDRESS **VALERIE KENNEDY**
 CITY-ST-ZIP **245 EAST LAKE DEER DR
 WINTER HAVEN FL 33881**

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **JOHNSTON, TERRI**
 CITY-ST-ZIP **525 POPE AVE NW
 WINTER HAVEN FL 33881**

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

TITLE ☐ Delete
 NAME **ED**
 STREET ADDRESS **HALL, WALTER D SR**
 CITY-ST-ZIP **238 7TH L HAMILTON
 LAKE HAMILTON FL**

TITLE ☐ Change ☐ 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-02

863-967-1532

CR2E037 (9/01)