

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90204 023 ****61.25

DOCUMENT # 727543

1. Entity Name

CRYSTAL RIVER CIVITAN CLUB, INC.



Principal Place of Business

POST OFFICE BOX 2141
CRYSTAL RIVER FL 34423

Mailing Address

POST OFFICE BOX 2141
CRYSTAL RIVER FL 34423

30011060



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7330618**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, CATI T
11370 W. STATE PARK ST
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name

DeVane, Pat

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

6471 Paragua Circle

City

Crystal River

FL

Zip Code

34428

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Pat DeVane, Treasurer

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LODATO, DOMNIS	
STREET ADDRESS	11370 W STATE PARK ST	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, MICHAEL R	
STREET ADDRESS	8419 N PARAQUE CIRCLE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428-6663	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, CATI	
STREET ADDRESS	11370 W STATE PARK ST	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	IOZZIA, VICTORIA	
STREET ADDRESS	10345 W. SPRINGTREE LN	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ACHBACH, ROBERT	
STREET ADDRESS	P.O. BOX 1115	
CITY-ST-ZIP	CRYSTAL RIVER FL 34423-1115	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	B. Brown, Michael R	
CITY-ST-ZIP	6471 Paragua Circle Crystal River, Fl. 34428	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Achbach, Robert, R.E.	
STREET ADDRESS	P.O. Box 1115	
CITY-ST-ZIP	Crystal River, Fl. 34428	
TITLE	Treasurer - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeVane, Pat	
STREET ADDRESS	6471 Paragua Circle	
CITY-ST-ZIP	Crystal River, Fl. 34428	
TITLE	Secretary - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Self Bettye	
STREET ADDRESS	11129 Cedar Lake Dr	
CITY-ST-ZIP	Crystal River, Fl. 34428	
TITLE	D. Creston Lyons	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1920 S.E. Hwy 19	
STREET ADDRESS	Crystal River, Fl. 34429	
CITY-ST-ZIP		
TITLE	D. Jane Achbach	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 1115	
STREET ADDRESS	Crystal River, Fl. 34423	
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: **Pat DeVane, R. Pat DeVane**

1-23-03

CR2E037 (10/02)