

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737138

1. Entity Name

CITRUS PARK BILLS' BOOSTER CLUB, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90293 012 ****61.25

Principal Place of Business

Mailing Address

10311 LAKE GROVE DRIVE
ODESSA FL 33556
US

10311 LAKE GROVE DRIVE
ODESSA FL 33556-2506
US

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

NOT APPLICABLE

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

ARNTSON, MARTHA
10311 LAKE GROVE DRIVE
ODESSA FL 33556

Name

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 PD ☐ Delete
NAME ARNTSON, MARTHA
STREET ADDRESS 10311 LAKE GROVE DRIVE
CITY-ST-ZIP ODESSA FL 33556

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

TITLE ADD ☒ Delete
NAME QUEEN, STEVE
STREET ADDRESS 8921 PROMISE DRIVE
CITY-ST-ZIP TAMPA FL 33626

TITLE ☐ Change ☐ Addition
NAME ADD
STREET ADDRESS Tim McClain
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME O'DONNELL, JOYCE E
STREET ADDRESS 5527 PENTAIL CIRCLE
CITY-ST-ZIP TAMPA FL 33625

TITLE ☐ Change ☐ Addition
NAME SD
STREET ADDRESS Denise Ahles
CITY-ST-ZIP 1445 Hounds Hollow ct.
hutz FL 33549

TITLE TD ☐ Delete
NAME CHATTERTON, CAMMIE
STREET ADDRESS 4047 PRIORY CIRCLE
CITY-ST-ZIP TAMPA FL 33624

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)