

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760179

1. Entity Name

WEST CITRUS SOCCER CLUB, INC.

Principal Place of Business

4210 S. GRANDMARCH A.
HOMOSASSA FL 34448
US

Mailing Address

P.O. BOX 975
HOMOSASSA FL 34487-0975
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

59-2445681

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELLS, PAM
2780 S BOLTON AVE
HOMOSASSA FL 34448

7. Name and Address of New Registered Agent

Name Michael D. Callaway
Street Address (P.O. Box Number is Not Acceptable)
3439 North Citrus Ave.
Crystal River
City 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.

SIGNATURE Michael D. Callaway

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/04/00

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 | DUDEK, MARTY | |
| STREET ADDRESS | 7901 W. MESA LANE | |
| CITY-ST-ZIP | HOMOSASSA FL 34448 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | CHENOWETH, AFTON | |
| STREET ADDRESS | 5005 S. SLOW PT | |
| CITY-ST-ZIP | HOMOSASSA FL 34448 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | WELLS, PAM | |
| STREET ADDRESS | 2780 S. BOLTON AVE. | |
| CITY-ST-ZIP | CRYSTAL RIVER FL 34428 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | WELLS, RAYMOND | |
| STREET ADDRESS | 1 WEST WINGED FOOT CT | |
| CITY-ST-ZIP | HOMOSASSA FL 34448 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | TURNER, THERESA | |
| STREET ADDRESS | 1195 S. SOFTWIND LOOP | |
| CITY-ST-ZIP | LECANTO FL 34461 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | NAYFIELD, K.C. | |
| STREET ADDRESS | 161 SW 3RD ST. | |
| CITY-ST-ZIP | CRYSTAL RIVER FL 34429 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ralph Fleming | |
| STREET ADDRESS | 421 H. DUNKERFIELD AVE. | |
| CITY-ST-ZIP | CRYSTAL RIVER, FL. 34429 | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VDENNIS WATKINS ASST. COMM. | |
| STREET ADDRESS | 1180 N. LION CUB PT | |
| CITY-ST-ZIP | LECANTO, FL. 34461 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Michael D. Callaway | |
| STREET ADDRESS | P.O. Box 262 | |
| CITY-ST-ZIP | LECANTO, FL. 34460 | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Robb Webb | |
| STREET ADDRESS | 2560 WEST EXPRESS LANE | |
| CITY-ST-ZIP | LECANTO, FL. 33441 | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Debbie Rumpf | |
| STREET ADDRESS | 3193 N. MYSSOPS PT. | |
| CITY-ST-ZIP | BEVERLY HILLS FL. 34461 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARTIN A. DUDEK | |
| STREET ADDRESS | 5582 W. WOODSIDE DR. | |
| CITY-ST-ZIP | CRYSTAL RIVER FL. 34428 | |

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: Michael D. Callaway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/04/00 (352) 628-5020
Date Daytime Phone #

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90453 009 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)