2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 26, 2000 8:00 am
Secretary of State
04-20-2000 90038 006 ****61.25

DOCUMENT # 765543

1. Entity Name

THE CITRUS WATERCOLOR CLUB, INC.

Principal Place of Business	Mailing Address
% WHISPERING PINES PARK, CITY OF INVERNESS 212 W. MAIN STREET INVERNESS FL 34450	% WHISPERING PINES PARK, CITY OF INVERNESS 212 W. MAIN STREET INVERNESS FL 34450

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address P.O. BOX 142 LECANTO, FL 34460-0142
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State LECANTO, FL
Zip / Country	Zip / Country USA

4. FEI Number 59-2946213 ☐ 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
NEAL, VIRGINIA W DR 15721 W. RIVER ROAD INGLIS FL 34449	Name RAY JOWERS Street Address (P.O. Box Number is Not Acceptable) 19880 SW 93 LANE ROAD VILLAGE OF RAINBOW SPRINGS City DUNNELLON FL Zip Code 34432

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 Virginia W Neal — RAY JOWERS 05/15/00; VIRGINIA W. NEAL 4/15/2000 — DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NEAL, VIRGINIA W 15721 W. RIVER ROAD INGLIS FL 34449	☑ Delete	PD JOWERS, RAY 19880 SW 93 LANE ROAD DUNNELLON FL 34432	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DUINK, CORKY 4295 E RIVERSIDE DR DUNNELLON FL 34434	☑ Delete	VD BYRON, CAROLE 20122 QUAILA RUN DR DUNNELLON FL 34432	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KERR, BARBARA 3441 S. GROVE TERRACE INVERNESS FL 34450	☐ Delete	V KERR, BARBARA 3441 S. GROVE TERRACE INVERNESS, FL 34450	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILLIAMS, JOSEPH 219 DAFFODIL INVERNESS FL 34452	☐ Delete	TD WILLIAMS, JOSEPH 219 DAFFODIL INVERNESS, FL 34452	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CROIZAT, ROSEMARY 3400 W. DANNY CT BEVERLY HILLS FL 34465	☑ Delete	S WILLIAMS, MARIE 219 DAFFODIL INVERNESS, FL 34452	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FOLEY, GINA 5555 S. LEONARD TERRACE INVERNESS FL 34452	☑ Delete	S BECEDEN, ELIZABETH 14002 TRYINGHAM ST SPRING HILL, FL 34609	☑ Change ☐ Addition

CR2E037 (9/99)

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: Virginia W Neal — RAY JOWERS 4/15/00; VIRGINIA W NEAL 4/15/00 (352) 489-0588 447-0259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #