2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State
02-12-2001 90254 042 ****61.25

DOCUMENT # 765543

1. Entity Name

THE CITRUS WATERCOLOR CLUB, INC.

Principal Place of Business	Mailing Address
% WHISPNG PINES PK. CITY OF INVERNESS 212 W. MAIN STREET INVERNESS FL 34450	% WHISPNG PINES PARK. CITY OF INVERNESS P O BOX 142 LECANTO FL 34460

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (MEETING)	3. Mailing Address
FIRST UNITED METHODIST CHCH	
Suite, Apt. #, etc. 3896 S. PLEASANT GROVE ROAD	Suite, Apt. #, etc.
City & State INVERNESS, FL	City & State
Zip / Country 34452-7585 / USA	Zip / Country

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
JOWERS, RAY 19880 SW 93 LN VLG/RNBOW SPRGS DUNNELLON FL 34432	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: RAY JOWERS PRESIDENT — 1/20/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOWERS, RAY 19880 SW 93 LANE ROAD DUNNELLON FL 34432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BYRON, CAROLE 20122 QUAIL RUN DRIVE DUNNELLON FL 34432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KERR, BARBARA 3441 S. GROVE TERRACE INVERNESS FL 34450	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILLIAMS, JOSEPH 219 DAFFODIL INVERNESS FL 34452	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILLIAMS, MARIE 219 DAFFIDIL INVERNESS FL 34452	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BECEDEN, ELIZABETH 14002 TRYING HAM COURT SPRING HILL FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 — 1-20-01 — 352 489 0588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #