## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 04, 2000 8:00 am Secretary of State DOCUMENT # **J53169** 1. Entity Name A C & R HOMES OF CITRUS, INC. 02-04-2000 90072 035 \*\*\*150.00 Principal Place of Business Mailing Address 858 HWY 41 SO 858 HWY 41 SO INVERNESS FL 34450 INVERNESS FL 34450-6859 いむひてみまごう 2. Principal Place of Business 3. Mailing Address 8243 E fairway Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2769826 Inverness IInverness Not Applicable Country Country \$8.75 Additional <sup>Zip</sup> る4450 5. Certificate of Status Desired 34450 USA ひゃん Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIPPIN, JO ANN Street Address (P.Q. Box Number is Not Acceptable) 858 HWY 41 SO Fairway **INVERNESS FL 34450** City Inverness 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Change ☐ Addition TITLE Delete PIPPIN, JO ANN NAME NAME E. Jairway Loop 858 HWY 41 SO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **INVERNESS FL 34450** CITY-ST-ZIP Addition ☐ Delete TITLE TITLE BRUSH, LYNNE NAME STREET ADDRESS STREET ADDRESS 858 HWY 41 SO CITY-ST-ZIP **INVERNESS FL 34450** CITY=ST-ZiP Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change

CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

TITLE.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition