

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K89494

1. Entity Name

CITRUS FINANCIAL SERVICES, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90012 005 ***150.00

Principal Place of Business

1717 INDIAN RIVER BLVD.
P.O. BOX 2560
VERO BEACH FL 32961-9560

Mailing Address

1717 INDIAN RIVER BLVD.
P.O. BOX 2560
VERO BEACH FL 32961-2560

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

65-0136504

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

COX, JR. JOSH C.
1295 WINDING OAKS CIRCLE EAST
VERO BEACH FL 32963

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BRACKETT, ROBERT L.	
STREET ADDRESS	4620 ROSEWOOD RD	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JR. WALTER E.	
STREET ADDRESS	8909 20TH STREET	
CITY-ST-ZIP	VERO BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAVES JR, HUBERT	
STREET ADDRESS	4575 ROSEDALE RD	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, JAMES R.	
STREET ADDRESS	1250 A NW BENTLEY CIR	
CITY-ST-ZIP	PORT ST. LUCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASTELLER, EARL H.	
STREET ADDRESS	869 ROBIN LN	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHLITT, LOUIS L.	
STREET ADDRESS	2410 47 TERR	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cox, Jr., Josh C.	
STREET ADDRESS	1295 Winding Oaks Circle East	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lambert, Roy H.	
STREET ADDRESS	990 Sandfly Lane	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	duPont, Dr. duSen Hallock	
STREET ADDRESS	570 Beachland Blvd.	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Purdie, John	
STREET ADDRESS	8500 Keystone Crossing, Ste 530	
CITY-ST-ZIP	Indianapolis, IN 46240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

Josh C. Cox, Jr. JOSH C. COX, JR., Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/00

Daytime Phone #

CR2E034 (9/99)