

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90041 025 ***150.00

DOCUMENT # K89494

1. Entity Name

CITRUS FINANCIAL SERVICES, INC.

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 32961-9560

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

RANDY-J. RILEY, PRESIDENT

Street Address (P.O. Box Number is Not Acceptable)

1717 INDIAN RIVER BLVD.

City

VERO BEACH

FL

Zip Code
32960

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.

RANDY J. RILEY, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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, 2001 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** ☐ Delete
NAME **BRACKETT, ROBERT L.**
STREET ADDRESS **4620 ROSEWOOD RD**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **D** ☐ Delete
NAME **SMITH, JR. WALTER E.**
STREET ADDRESS **8909 20TH STREET**
CITY-ST-ZIP **VERO BCH FL**

TITLE **D** ☐ Delete
NAME **GRAVES JR, HUBERT**
STREET ADDRESS **4575 ROSEDALE RD**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **D** ☐ Delete
NAME **THOMPSON, JAMES R.**
STREET ADDRESS **1250 A NW BENTLEY CIR**
CITY-ST-ZIP **PORT ST. LUCE FL**

TITLE **D** ☐ Delete
NAME **MASTELLER, EARL H.**
STREET ADDRESS **869 ROBIN LN**
CITY-ST-ZIP **SEBASTIAN FL**

TITLE **D** ☐ Delete
NAME **SCHLIT, LOUIS L.**
STREET ADDRESS **2410 47 TERR**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **LAMBERT, ROY H.**
STREET ADDRESS **990 SANDFLY LANE**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **DUPONT, JR., S. HALLOCK**
STREET ADDRESS **570 BEACHLAND BLVD.**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **PURDIE, JOHN**
STREET ADDRESS **8500 KEYSTONE CROSSING, STE 530**
CITY-ST-ZIP **INDIANAPOLIS, IN 46240**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **RILEY, RANDY J.**
STREET ADDRESS **1717 INDIAN RIVER BLVD.**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **TUPEK, MARION**
STREET ADDRESS **1717 INDIAN RIVER BLVD.**
CITY-ST-ZIP **VERO BEACH, FL 32960**

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

RANDY J. RILEY, PRESIDENT 4/30/01 561-778-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)