

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90063 041 ***150.00

063158 AV

DOCUMENT # L04375

1. Entity Name

SWEETWATER HOMES OF CITRUS, INC.

Principal Place of Business

**8016 S SUNCOAST BLVD
HOMOSASSA FL 32646**

Mailing Address

**8016 S SUNCOAST BLVD
HOMOSASSA FL 32646**

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

59-2957488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CHRISTENSEN, ROBERT R.
60 CYPRESS BLVD WEST
HOMOSASSA FL 34446**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2002 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

TITLE ☐ Delete
NAME **CHAIRMAN**
STREET ADDRESS **PONTICOS, STEPHAN E**
CITY-ST-ZIP **7 W BYRSONIMA CT
HOMOSASSA FL 34446** ☒ change

TITLE ☐ Delete
NAME **PRESIDENT**
STREET ADDRESS **TATE, LARRY**
CITY-ST-ZIP **11 BYRSONIMA CT WEST
HOMOSASSA FL** ☒ change

TITLE ☐ Delete
NAME **VICE PRESIDENT**
STREET ADDRESS **BRUNSINK, WAYNE**
CITY-ST-ZIP **14 CHINKAPIN CIRCLE
HOMOSASSA FL** ☒ change

TITLE ☐ Delete
NAME **TREASURER**
STREET ADDRESS **CHRISTENSEN, ROBERT**
CITY-ST-ZIP **60 CYPRESS BLVD., WEST
HOMOSASSA FL** ☒ change

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **Nelson Maughan**
CITY-ST-ZIP **44 Cypress Blvd West
Homosassa, FL 34446**

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **James Jay Jacoby**
CITY-ST-ZIP **41 Oak Village Boulevard Homosassa 34446**

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **Richard O Johnson**
CITY-ST-ZIP **10 Linder Circle
Homosassa, FL 34446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephan Ponticos Chairman 4-4-02

Date

Daytime Phone #

CR2E034 (9/01)