

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L68432

1. Entity Name
S & G OF CITRUS COUNTY, INC.

Principal Place of Business
7791 W. LONGFELLOW STREET
HOMOSASSA FL 34448
US

Mailing Address
BOX ~~9914~~
HOMOSASSA SPRINGS FL 34447
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 555

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HOMOSASSA SPRINGS, FL

Zip

Country

Zip

34447

Country

US

6. Name and Address of Current Registered Agent

4. FEI Number 59-3003802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
EVANS, A. GEORGE JR.
7791 W. LONGFELLOW ST.
HOMOSASSA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
EVANS, SHEILA R.
7791 W. LONGFELLOW STREET
HOMOSASSA FL ☐ Delete

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

TITLE
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CITY-ST-ZIP
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☐ Delete

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

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:

A. George Evans, Jr.

A. GEORGE EVANS, JR.

Date

Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90181 042 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)