

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90031 040 ****61.25

DOCUMENT # N00000003988

1. Entity Name

CITRUS COUNTY CITIZENS ACADEMY ALUMNI ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1 SOUTH PARK AVE.
 INVERNESS FL 34450**

**1 SOUTH PARK AVE.
 INVERNESS FL 34450**

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

APPLIED FOR

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

**DAWSY, JEFF SHERIFF
 1 SOUTH PARK AVE.
 INVERNESS FL 34450**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **TURCK, JOSEPH**
 STREET ADDRESS **3303 W. CARDINAL LN.**
 CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **Director** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **GRANT, JEAN**
 STREET ADDRESS **P.O. BOX 513**
 CITY-ST-ZIP **FLORAL CITY FL 34436**

TITLE **President** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **BD** ☐ Delete
 NAME **ARLINE, DAWN**
 STREET ADDRESS **P.O. BOX 1379**
 CITY-ST-ZIP **CRYSTAL RIVER FL 34423**

TITLE **Shirley York - SD** ☒ Change ☐ Addition
 NAME **308 S. Lincoln Ave.**
 STREET ADDRESS **Beverly Hills, FL 34465**
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **PIKE, JEAN**
 STREET ADDRESS **11621 W. RIVERHAVEN DR.**
 CITY-ST-ZIP **HOMOSASSA FL 34448**

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

TITLE **D** ☐ Delete
 NAME **ALLISON, JOHN JR.**
 STREET ADDRESS **9535 W. TOM MASON DR.**
 CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dawn Arline **REDWIRE Arline**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02

352-795-8844

Date

Daytime Phone #

CP2E037 (9/01)