2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100006429

1. Entity Name

CITIZEN COLLEGE AND LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
8826 N. GOLFVIEW DR. CITRUS SPRINGS FL 34434	8826 N. GOLFVIEW DR. CITRUS SPRINGS FL 34434

FILED Jun 25, 2002 8:00 am Secretary of State 06-25-2002 90453 044 ****61.25



Principal Place of Business 3. Mailing Address												
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Suite, Apt. #, etc. Suite			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State City & State						4. FE! Number			<u> </u>	plied For]	
			7.	Country							Not Applicable	
Zip Country Zip				000	Country						3.75 Additional e Required	
	6. Name	and Address of Current F	Registered Agent				7. Name and Add	ress of New Re	egistered	Agent]
					Name							
BUELKE, JOHN A					Street Address (P.O. Box Number is Not Acceptable)							
8826 N. G												
citrys si	PRINGS FL	34434					1.5.1. JITA			Zip Code		-
		/			City				F	L Zip Code		
8. The above	named entity	y submits this statement for	the purpose of changing its	register	ed office or r	register	red agent, or both, in	the state of Flor	rida.			
SIGNATURE .												ļ
	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOT	E: Registere	d Agent signature	e required	d when reinstating)		DATE			
				**								
FILE NOW: FEE IS \$61.25			I	— 9 Election Campaign Financing — — — Trust Fund Contribution.			\$5:00 May Be Added to Fees			ck Payable		
			Trust i dila v	Soninsai	On.		Added to Fees	יט	eparun	ent of State	•	
10.	:	OFFICERS AND DIRI	ECTORS	11.		,	ADDITIONS/CHANG	S TO OFFICER	RS AND D	DIRECTORS IN	10	_ [
TITLE	D	T LHI TO	☐ Delete	TITL	i l					☐ Change	☐ Addition	5
NAME *	BLODGET 2737 N. C.	1, MILES ANTERBURY LAKE DR.		NAM			•					2) (0
STREET ADDRESS CITY-ST-ZIP		O'FL 34442			ET ADDRESS - ST-ZIP							Į,
TITLE	D		□ Delete	TITL		<u></u>		145-4)		Change	☐ Addition	ؤ
NAME	DENIS, HE			NAME STREE		WA	RANTA	NAN	CY	Michange のひど オ 34	TRL.	-
		XRUN TERRACE				13	681 E	HIDDEL	N C			
CITY-ST-ZIP	_	S FL 344 53	<u>_</u>	CITY	-ST-ZIP		HERNA	NDO	FL			-
TITLE	D GRANGER	, EDWARD	☐ Delete	TITLI						☐ Change	☐ Addition	
NAME STREET ADDRESS		ANTERBURY-LAKE DR.			ET ADDRESS							
CITY-ST-ZIP		O FL 34442			-ST-ZIP			_				
TITLE	P	.=	☐ Delete	TITL						☐ Change	Addition	1
NAME	BUELKE, J			NAM	E							1
i		iolfview DR. Prings FL 34434			ET ADDRESS - ST-ZIP							
CITY-ST-ZIP	V	FRINGS FE STAGE		-	-					☐ Change	☐ Addition	1
TITLE NAME	LUNDY, R	OBERT	☐ Delete	TITLI NAM							☐ Addition	
STREET ADDRESS		9 DELTONA BLVD.		1	ET ADORESS							
CITY-ST-ZIP		PRINGS FL 34434		CITY	-ST-ZIP							
TITLE	ST NE V	ADCINIA M	☐ Delete	TITL						Change	☐ Addition	
		/irginia m Olfview dr.		NAME								
STREET ADDRESS CITY-ST-ZIP		PRINGS FL 34434			ET ADDRESS -ST-ZIP							
		e information supplied with t	this filing does not qualify fo			d in Se	ection 119 07(3\(i) Ele	orida Statutes I	further o	ertify that the in	nformation	1

Thereby certify that the information supplied with this filling does not quality 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. JOHN BUELKE

Date

Attackment PHN0100000HBG B0126755

IT HAS BEEN -A NIGHTHARE

TRYING TO GET A FEL #

NO - BUSINESS - (NON PROFIT)

NO MONTONESS - (NON PROFIT)

NO MONTONESS - (NON PROFIT)

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