

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2003 8:00 am
Secretary of State

0015729

DOCUMENT # N01000006429

1. Entity Name

CITIZEN COLLEGE AND LEARNING CENTER, INC.



08-19-2003 90021 007 ****61.25

Principal Place of Business

**8826 N. GOLFVIEW DR.
CITRUS SPRINGS FL 34434**

Mailing Address

**8826 N. GOLFVIEW DR.
CITRUS SPRINGS FL 34434**

**PO BOX 145
HOLDER FL 34445**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

**BUELKE, JOHN A
8826 N. GOLFVIEW DR.
CITRUS SPRINGS FL 34434**

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BLODGETT, MILES**
STREET ADDRESS **2737 N. CANTERBURY LAKE DR.**
CITY-ST-ZIP **HERNANDO FL 34442**

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

TITLE **D** ☐ Delete
NAME **BANTA, NANCY**
STREET ADDRESS **3681 E HIDDEN COVE TRAIL**
CITY-ST-ZIP **HERNANDO FL 34442**

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

TITLE **D** ☐ Delete
NAME **GRANGER, EDWARD**
STREET ADDRESS **2720 N. CANTERBURY LAKE DR.**
CITY-ST-ZIP **HERNANDO FL 34442**

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

TITLE **P** ☐ Delete
NAME **BUELKE, JOHN A**
STREET ADDRESS **8826 N. GOLFVIEW DR.**
CITY-ST-ZIP **CITRUS SPRINGS FL 34434**

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

TITLE **V** ☐ Delete
NAME **LUNDY, ROBERT**
STREET ADDRESS **10269 DELTONA BLVD.**
CITY-ST-ZIP **CITRUS SPRINGS FL 34434**

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

TITLE **ST** ☐ Delete
NAME **BUELKE, VIRGINIA M**
STREET ADDRESS **8826 N. GOLFVIEW DR.**
CITY-ST-ZIP **CITRUS SPRINGS FL 34434**

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:

SIGNATURE REQUIRED

JOHN A. BUELKE **352-4899146**
8/9/03

Date Daytime Phone #

CR2E037 (4/03)