2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90126 028 ****61.25

DOCUMENT # N16521

1. Entity Name

CITRUS COUNTY CHAPTER OF THE SOCIETY FOR THE PRE SERVATION AND ENCOURAGEMENT OF BARBER SHOP QUART

Principal Place of Business	Mailing Address
5720 SOUTH EATON TERRACE INVERNESS FL 34452 US	5720 SOUTH EATON TERRACE INVERNESS FL 34452 US

00030123

DO NOT WRITE IN THIS SPACE

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 59-2720565 ☐ 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
SALTMATSH, JOHN SR. 5720 SOUTH EATON TERRACE INVERNESS FL 34452	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROGERS, KENNETH W 1247 SOUTH ESTATE POINT INVERNESS FL 34450	☐ Delete	PD Ellinwood, Walter 9284 Citrus Springs Blvd Citrus Springs Fl. 34434	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEMIEUX, ARTHUR 6366 E. MOCKINGBIRD LANE INVERNESS FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ELLINWOOD, WALTER 9284 CITRUS SPRING BLVD. CITRUS SPRINGS FL 34434	☐ Delete	TD Dick John 511 N. Corbin Ave. Inverness, Fl. 34453-0356	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SALTMARSH, JOHN 5720 S EATON TERR INVERNESS FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: John Saltmarsh SIGNATURE REQUIRED John Saltmarsh 2-4-02 352-726-7091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #