

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90062 006 ****61.25

DOCUMENT # N18803

1. Entity Name

CITRUS HILLS CIVIC ASSOCIATION, INC.

Principal Place of Business

PO BOX 1557
 HERNANDO FL 34442-1557
 US

Mailing Address

PO BOX 1557
 HERNANDO FL 34442-1557
 US

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 **59-2746863**

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

SMITH, CATHERINE W
48 E LIBERTY ST
HERNANDO FL 34442

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

Catherine W Smith, sec Catherine W Smith 4/24/01

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 **TD** ☐ Delete
 NAME **RUGALA, MARY JANE**
 STREET ADDRESS **179 EAST DAKOTA COURT**
 CITY-ST-ZIP **HERNANDO FL**

TITLE **P** ☐ Change ☒ Addition
 NAME **Braisted, Lawrence**
 STREET ADDRESS **803 N Hillsborough Ct**
 CITY-ST-ZIP **Hernando, FL 34442**

TITLE **D** ☒ Delete
 NAME **CALDWELL, CHARLES**
 STREET ADDRESS **286 E. DAKOTA CT.**
 CITY-ST-ZIP **HERNANDO FL**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Longtin, Leo Paul**
 STREET ADDRESS **727 E Gaines Ln**
 CITY-ST-ZIP **Hernando, FL 34442**

TITLE **VP** ☐ Delete
 NAME **MCLEOD, CARLTON J**
 STREET ADDRESS **670 W PERSON ST**
 CITY-ST-ZIP **HERNANDO FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **McLeod, Carlton**
 STREET ADDRESS **670 W Pearson St**
 CITY-ST-ZIP **Hernando, FL 34442**

TITLE **D** ☐ Delete
 NAME **TRAUX, ROBERT C.**
 STREET ADDRESS **801 N. BERLIN PT.**
 CITY-ST-ZIP **INVERNESS FL**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Traux, Robert C**
 STREET ADDRESS **801 N Berlin Pt**
 CITY-ST-ZIP **Inverness, FL 34453**

TITLE **D** ☒ Delete
 NAME **BRENT, JAMES W.**
 STREET ADDRESS **172 E. DAKOTA CT.**
 CITY-ST-ZIP **HERNANDO FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Stack, Lillian**
 STREET ADDRESS **535 Hambletonian Dr.**
 CITY-ST-ZIP **Inverness, FL 34453**

TITLE **D** ☒ Delete
 NAME **SAKSON, MARYLEE**
 STREET ADDRESS **240 W. CHASE ST.**
 CITY-ST-ZIP **HERNANDO FL 34442**

TITLE **D** ☐ Change ☒ Addition
 NAME **Harriman, Gerald W**
 STREET ADDRESS **328 E Toplin Ct**
 CITY-ST-ZIP **Hernando, FL 34442**

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: Mary Jane Rugala

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(TREASURER)

Date

Daytime Phone #

4/24/01 (352) 746-5017

CR2E037 (10/00)