

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90068 032 ****61.25

DOCUMENT # N18803

1. Entity Name

CITRUS HILLS CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 1557
 HERNANDO FL 34442-1557
 US

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



DO NOT WRITE IN THIS SPACE

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
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/02

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

TITLE ☐ Change ☒ Addition
 NAME **P Braisted, Larry**
 STREET ADDRESS **P.O. Box 458**
 CITY-ST-ZIP **Inverness, FL 34451-0458**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **LONGTIN, LEO PAUL**
 CITY-ST-ZIP **727 E GAINES LANE**
HERNANDO FL 34442

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MCLEOD, CARLTON**
 CITY-ST-ZIP **670 W PERSON ST**
HERNANDO FL 34442

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **MCLEOD, CARLTON**
 CITY-ST-ZIP **670 W PERSON ST**
HERNANDO FL 34442

TITLE ☒ Delete
 NAME **VP**
 STREET ADDRESS **TRAUX, ROBERT C**
 CITY-ST-ZIP **801 N. BERLIN PT.**
INVERNESS FL 34453

TITLE ☐ Change ☒ Addition
 NAME **VP**
 STREET ADDRESS **Geyer, Scott**
 CITY-ST-ZIP **620 E Epsom Ct.**
Hernando, FL 34442-9311

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **STACK, LILLIAN**
 CITY-ST-ZIP **535 HAMBLETONIAN DRIVE**
INVERNESS FL 34453

TITLE ☐ Change ☒ Addition
 NAME **VP**
 STREET ADDRESS **Yether, Frank A**
 CITY-ST-ZIP **P.O. Box 78**
Le Can to, FL 34460-0078

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **HARRIMAN, GERALD W**
 CITY-ST-ZIP **328 E JOPLIN COURT**
HERNANDO FL 34442

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **HARRIMAN, GERALD W**
 CITY-ST-ZIP **328 E JOPLIN COURT**
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

4/26/02 (352) 746-5017
 Date Daytime Phone #

CR2E037 (9/01)