

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90238 027 *****70.00

0014882

DOCUMENT # N22027

1. Entity Name

CITRUS CHAPTER OF THE FLORIDA ASSOCIATION OF MOR

Principal Place of Business

215 IMPERIAL BLVD
 SUITE B-1
 LAKELAND FL 33803

Mailing Address

P.O. BOX 6477
 TALLAHASSEE FL 32314-6477

2. Principal Place of Business

4732 U.S. 98N.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

Zip

33809

Country

USA

Country

4. FEI Number

59-2946556

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

WORDELL-SMITH, KAREN J
1292 CEDAR CENTER DR.
TALLAHASSEE FL 32314

7. Name and Address of New Registered Agent

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

TITLE ☒ Delete
 NAME **D GREATENS, RANDALL**
 STREET ADDRESS **215 IMPERIAL BLVD ST B-1**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☒ Delete
 NAME **D KATTER, SANDRA W**
 STREET ADDRESS **855 SUSAN DRIVE**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Delete
 NAME **D TIDWELL, WINDEL**
 STREET ADDRESS **512 SHADY LANE**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME **D TRIDA KINGERY**
 STREET ADDRESS **4732 U.S. 98N**
 CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE ☒ Change ☐ Addition
 NAME **D GEORGE McGee**
 STREET ADDRESS **P.O. BOX 1763**
 CITY-ST-ZIP **EATON PARK, FL 33840**

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

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

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

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

863-858-6700

Date

Daytime Phone #

CR2E037 (10/00)