

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23457

1. Entity Name

THE VILLAS OF CITRUS SPRINGS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90390 038 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business
9416 N. GENTLE BREEZE LOOP
CITRUS SPRINGS
DUNNELLON FL 34434

Mailing Address
9416 N. GENTLE BREEZE LP.
CITRUS SPRINGS, DUNNELLON FL 34434-4985
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0696109

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHMIDT, ROBERT
9416 N. GENTLE BREEZE LOOP
CITRUS SPRINGS, DUNNELLON 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.

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 PD
NAME SCHMIDT, ROBERT
STREET ADDRESS 9416 N. GENTLE BREEZE LOOP
CITY-ST-ZIP CITRUS SPRINGS, DUNNELLON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME GREINER, MARK T
STREET ADDRESS 10664 ADVENTURE LANE
CITY-ST-ZIP CINCINNATI OH 45242

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME SCHMIDT, MARIA
STREET ADDRESS 9416 N. GENTLE BREEZE LOOP
CITY-ST-ZIP CITRUS SPRINGS, DUNNELLON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 (352) 489-5539

CR2E037 (9/99)