

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25226

1. Entity Name

CITRUS COUNTY COMPUTER CLUB, INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90041 025 ****61.25

Principal Place of Business

P.O. BOX 503
BEVERLY HILLS FL 34464-0503

Mailing Address

P.O. BOX 503
BEVERLY HILLS FL 34464-0503

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

NOT APPLICABLE

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

REINHART, JOAN
4167 N AMECHE TERRACE
BEVERLY HILLS FL 34465

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 NOWICKE, LEE ☐ Delete
STREET ADDRESS 3616 N. LUCILLE DR
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE PD PRESIDENT
NAME FISHER, ROGER ☒ Change ☐ Addition
STREET ADDRESS 6370 SW 11th PLACE
CITY-ST-ZIP OCALA, FL 34476

TITLE VD
NAME STELFOX, WALTER ☐ Delete
STREET ADDRESS 6300 W. LIBERTY LN
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE VD VICE-PRESIDENT ☐ Change ☐ Addition
NAME SAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME BENTLEY, ESTELLE ☐ Delete
STREET ADDRESS 6510 W. CROSBEC CT
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE SD SECRETARY
NAME SWANSON, BEVERLY ☒ Change ☐ Addition
STREET ADDRESS 3912 W. FEATHERIDGE CT
CITY-ST-ZIP LECANTO, FL 34461

TITLE TD
NAME REINHART, JOAN ☐ Delete
STREET ADDRESS 4167 N AMECHE TERR
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE TD TREASURER ☐ Change ☐ Addition
NAME SAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)