

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31943

1. Entity Name

CITRUS COUNTY CIVIC ASSOCIATION INCORPORATED

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90002 002 ****61.25

Principal Place of Business

Mailing Address

PO BOX 1006
HOMOSASSA SPRINGS FL 34447
US

PO BOX 1006
HOMOSASSA SPRINGS FL 34447-1006
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

59-2940407

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

WEISS, NANCY
3630 S SPRINGBREEZE WAY
HOMOSASSA FL 34448

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

Nancy Weiss

Nancy Weiss

2-15-00

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 DP ☒ Delete
NAME SAMSTAG, EARL C.
STREET ADDRESS 6276 GROVER CLEVELAND BL
CITY-ST-ZIP HOMOSASSA SPRINGS FL

TITLE DP ☒ Change ☐ Addition
NAME Selby, Gerry Sue
STREET ADDRESS 3830 S. Springbreeze Way
CITY-ST-ZIP Homosassa, FL

TITLE DV ☒ Delete
NAME SELBY, GERRY-SUE
STREET ADDRESS 3830 S SPRINGBREEZE WAY
CITY-ST-ZIP HOMOSASSA FL

TITLE DV ☒ Change ☐ Addition
NAME Okvist, Marge
STREET ADDRESS 6181 W. Wayward Wind Lp.
CITY-ST-ZIP Homosassa, FL

TITLE DS ☐ Delete
NAME WEISS, NANCY
STREET ADDRESS 3630 S SPRINGBREEZE WAY
CITY-ST-ZIP HOMOSASSA FL

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

TITLE DT ☐ Delete
NAME DINGWALL, JENNIE
STREET ADDRESS 6161 W WAYWARD WIND LP
CITY-ST-ZIP HOMOSASSA FL

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

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:

Nancy Weiss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-00

Date

(352) 628-7411

Daytime Phone #