

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90009 049 \*\*\*\*61.25

**DOCUMENT # N31943**

1. Entity Name

**CITRUS COUNTY CIVIC ASSOCIATION INCORPORATED**

Principal Place of Business

PO BOX 1006  
HOMOSASSA SPRINGS FL 34447  
US

Mailing Address

PO BOX 1006  
HOMOSASSA SPRINGS FL 34447  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2940407**

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

**WEISS, NANCY**  
**3630 S SPRINGBREEZE WAY**  
**HOMOSASSA FL 34448**

Name **GERRIE SUE SELBY**  
Street Address (P.O. Box Number is Not Acceptable) **3830 S SPRINGBREEZE WAY**  
City **HOMOSASSA** FL Zip Code **34448**

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

*Gerrie Sue Selby* **GERRIE SUE SELBY**

**8/13/01**

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

(Not a Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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**  
NAME **SELBY, GERRY SUE** ☐ Delete  
STREET ADDRESS **3830 S SPRINGBREEZE WAY**  
CITY-ST-ZIP **HOMOSASSA FL**

TITLE **SELBY, GERRIE SUE** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DV** ☒ Delete  
NAME **OKVIST, MARGE**  
STREET ADDRESS **6181 W WAYWARD WIND LP**  
CITY-ST-ZIP **HOMOSASSA FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **MATTHEWS, RICHARD**  
STREET ADDRESS **4238 S. SPRING SONG TERRACE**  
CITY-ST-ZIP **HOMOSASSA, FL**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **SMITH, LORIN**  
STREET ADDRESS **6381 W. SUNRISE LANE**  
CITY-ST-ZIP **HOMOSASSA, FL**

TITLE **DT** ☐ Delete  
NAME **DINGWALL, JENNIE**  
STREET ADDRESS **6181 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: *Gerrie Sue Selby* **GERRIE SUE SELBY** **8/13/01** **352-344-6587**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)