

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N31943

FILED  
Jul 18, 2002  
Secretary of State

**Entity Name:** CITRUS COUNTY CIVIC ASSOCIATION INCORPORATED

**Current Principal Place of Business:**

PO BOX 1006  
HOMOSASSA SPRINGS, FL 34447 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1006  
HOMOSASSA SPRINGS, FL 34447 US

**New Mailing Address:**

**FEI Number:** 59-2940407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SELBY, GERRIE S  
3830 S SPRING BREEZE WAY  
HOMOSASSA, FL 34448 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SELBY, GERRIE S  
Address: 3830 S SPRINGBREEZE WAY  
City-St-Zip: HOMOSASSA, FL

Title: D ( ) Delete  
Name: MATTHEWS, RICHARD  
Address: 4238 S SPRING SONG TERRACE  
City-St-Zip: HOMOSASSA, FL

Title: D ( ) Delete  
Name: SMITH, LORIN  
Address: 6384 W SUNRISE LANE  
City-St-Zip: HOMOSASSA, FL

Title: DT ( ) Delete  
Name: DINGWALL, JENNIE  
Address: 6161 W WAYWARD WIND LP  
City-St-Zip: HOMOSASSA, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PELLERIN, PAUL  
Address: 3775 S SPRINGBREEZE WAY  
City-St-Zip: HOMOSASSA, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: PELLERIN, BARBARA  
Address: 3775 S SPRINGBREEZE WAY  
City-St-Zip: HOMOSASSA, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERRIE SUE SELBY

DP

07/18/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date