

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91113 020 \*\*\*\*61.25

**DOCUMENT # N32223**

1. Entity Name

**FAMILY NETWORK ON DISABILITIES OF CITRUS COUNTY,**

Principal Place of Business

**PROMISE VILLAGE**  
**650 NE 10TH AVE.**  
**CRYSTAL RIVER FL 34428**

Mailing Address

**PROMISE VILLAGE**  
**650 NE 10TH AVE**  
**CRYSTAL RIVER FL 34428**  
**US**

2. Principal Place of Business

**S+S Resource + Services S+S**

3. Mailing Address

**S+S**  
**P.O. Box 357**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**INVERNESS FLA.**

City & State

**INVERNESS FLA.**

Zip

**34451**

Country

**CITRUS**

Zip

**34451**

Country

**CITRUS**

6. Name and Address of Current Registered Agent

**POTEETE, SALLY**  
**922 N HORSEPRARIE RD**  
**INVERNESS FL 34452**

4. FEI Number

**59-3169571**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete  
NAME **POTEETE, SALLEY**  
STREET ADDRESS **922 N HORSE PRAIRE RD**  
CITY-ST-ZIP **INVERNESS FL**

TITLE **PPD** ☒ Delete  
NAME **MANNIS, GREG**  
STREET ADDRESS **6739 WEST GRANT STREET**  
CITY-ST-ZIP **HOMOSASSA FL**

TITLE **D** ☒ Delete  
NAME **WAINWRIGHT, JOSEPH**  
STREET ADDRESS **3580 S OAKDALE TERR**  
CITY-ST-ZIP **INVERNESS FL**

TITLE **VD** ☒ Delete  
NAME **HUSCHER, KAREN**  
STREET ADDRESS **514 HIAWATHA AVE**  
CITY-ST-ZIP **INVERNESS FL**

TITLE **ED** ☐ Delete  
NAME **WAINWRIGHT, PAMELA**  
STREET ADDRESS **3580 S OAKDALE TERR**  
CITY-ST-ZIP **INVERNESS FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **Poteete, Sally**  
STREET ADDRESS **922 N. Horse Prairie Rd**  
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE ☐ Change ☒ Addition  
NAME **Burke, Pam**  
STREET ADDRESS **978 E. Ray St.**  
CITY-ST-ZIP **Hernando FL 34442**

TITLE ☐ Change ☒ Addition  
NAME **D. Dayton, Sandra**  
STREET ADDRESS **P.O. Box 427**  
CITY-ST-ZIP **Floral City FL 34436**

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

TITLE ☒ Change ☐ Addition  
NAME **D. Wainwright Pamela**  
STREET ADDRESS **3580 S. Oakdale Terr**  
CITY-ST-ZIP **INVERNESS FLA. 34451**

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)