

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90135 009 \*\*\*\*61.25

**DOCUMENT # N45289**

1. Entity Name

**CITRUS COUNTY SENIOR SPORTS ASSOCIATION, INC.**



Principal Place of Business

**3781 N. PASSION FLOWER WAY  
BEVERLY HILLS FL 34465  
US**

Mailing Address

**3781 N. PASSION FLOWER WAY  
BEVERLY HILLS FL 34465  
US**

2. Principal Place of Business

**4728 N. Mapleview Way**

Suite, Apt. #, etc.

3. Mailing Address

**4728 N. Mapleview Way**

Suite, Apt. #, etc.

City & State

**Beverly Hills, Fla.**

City & State

**Beverly Hills, Fla.**

Zip

**34465**

Country

**US**

Zip

**34465**

Country

**US**

4. FEI Number **59-3081869**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DICKERSON, RICHARD E  
3781 N. PASSION FLOWER WAY  
BEVERLY HILLS FL 34465**

7. Name and Address of New Registered Agent

**LaFrance, Alfred T.  
Street Address (P.O. Box Number is Not Acceptable)  
4728 N. Mapleview Way**

City

**Beverly Hills, Fla.**

**FL**

Zip Code

**34465**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **LaFrance, Alfred T. (P)**

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

*Alfred T. LaFrance*

(NOTE: Registered Agent signature required when reinstating)

**3/19/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **DICKERSON, RICHARD E**  
STREET ADDRESS **3781 N. PASSION FLOWER WAY**  
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **VPD** ☒ Delete  
NAME **DOCHERTY, THOMAS B**  
STREET ADDRESS **550 W. SAND OAK CT**  
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **VD** ☒ Delete  
NAME **DIMAIO, PAUL F**  
STREET ADDRESS **9740 N. EMELLIA AVE**  
CITY-ST-ZIP **CITRUS SPRINGS FL 34433**

TITLE **S** ☐ Delete  
NAME **DIMAIO, MAVIS M**  
STREET ADDRESS **9740 N. EMELLIA AVE**  
CITY-ST-ZIP **CITRUS SPRINGS FL 34433**

TITLE **T** ☐ Delete  
NAME **DOCHERTY, JEAN**  
STREET ADDRESS **550 W. SAND OAK COURT**  
CITY-ST-ZIP **BEVERLY HILLS FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME **LaFrance, Alfred T.**  
STREET ADDRESS **4728 N. Mapleview Way**  
CITY-ST-ZIP **Beverly, Hills, Fla. 34465**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **DiMaio, Paul F.**  
STREET ADDRESS **9740 N. Emellia Ave.**  
CITY-ST-ZIP **Citrus Springs, Fla. 34433**

TITLE **VD** ☒ Change ☐ Addition  
NAME **Winburn, Jack**  
STREET ADDRESS **819 N. LaFayette**  
CITY-ST-ZIP **Inverness, Fla. 34453**

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

TITLE ☐ Change ☐ Addition  
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: **LaFrance, Alfred T. (P)** *Alfred T. LaFrance* 3/19/03

352-527-6642

CR2E037 (10/02)