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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
03-23-2001 90041 044 ****61.25

DOCUMENT # N48473

1. Entity Name

CITRUS COUNTY EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
1007 WEST MAIN STREET INVERNESS FL 34450 US	PO BOX 2004 INVERNESS FL 34451 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7533 E. APPLEWOOD DRIVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: INVERNESS FL	City & State
Zip: 34450 Country: CITRUS	Zip Country

4. FEI Number: 59-3138328 ☐ 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
MILLER, LINDA 1007 WEST MAIN STREET INVERNESS FL 34450	Name: LINDA MILLER Street Address (P.O. Box Number is Not Acceptable): 7533 E. APPLEWOOD DRIVE City: INVERNESS FL Zip Code: 34450

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: Linda J Miller 3/16/2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SPENCER, PEG 1777 WEST MAIN STREET INVERNESS FL 34450	☐ Delete	PRESIDENT	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DANNER, PAUL 800 W.MAIN STREET INVERNESS FL 34451	☑ Delete	VICE PRESIDENT BRUCE SCHULTZ P.O. Box 1029 1502 S.E. Hwy. 19 CRYSTAL RIVER FL 34429	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHULTZ, BRUCE P.O. BOX 1029 CRYSTAL RIVER FL 34423	☑ Delete	SECRETARY DON SUTTON 4926 S. MAHOGANY TERRACE INVERNESS FL 34450	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DAVIS, CHARLES 3075 S FLORIDA AVE INVERNESS FL	☐ Delete	TREASURER	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: DON SUTTON SEC SIGNATURE REQUIRED 3/21/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #