

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90201 039 ****61.25

DOCUMENT # N48473

1. Entity Name

CITRUS COUNTY EDUCATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

7533 E APPLEWOOD DRIVE
INVERNESS FL 34450
US

PO BOX 2004
INVERNESS FL 34451
US

DUUU4812



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1007 W. MAIN St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

INVERNESS

City & State

FL.

4. FEI Number

59-3138328

Applied For

Not Applicable

Zip

34450

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, LINDA
7533 E APPLEWOOD DRIVE
INVERNESS FL 34450

7. Name and Address of New Registered Agent

Name PAT LANCASTER

Street Address (P.O. Box Number is Not Acceptable)
1007 W. MAIN St.

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

Patricia Lancaster
(NOTE: Registered Agent signature required when reinstating)

1/7/02
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 PD
NAME SPENCER, PEG
STREET ADDRESS 1777 WEST MAIN STREET
CITY-ST-ZIP INVERNESS FL 34450 ☐ Delete

TITLE VPD
NAME SCHMILTZ, BRUCE
STREET ADDRESS 1502 SE HWY 19
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Delete

TITLE SD
NAME SUTTON, DON
STREET ADDRESS 4926 S MAHOGANY TERRACE
CITY-ST-ZIP INVERNESS FL 34450 ☐ Delete

TITLE TD
NAME DAVIS, CHARLES
STREET ADDRESS 3075 S FLORIDA AVE
CITY-ST-ZIP INVERNESS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME JIM FALKENBURG, Pres ☒ Change ☐ Addition
STREET ADDRESS 1122 N. SUNCOAST BLVD.
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE VPD
NAME VICE PRESIDENT
NAME MAC HARRIS
STREET ADDRESS 15760 W. POWERLINE ST.
CITY-ST-ZIP CRYSTAL RIVER, FL 34428 ☒ Change ☐ Addition

TITLE SD
NAME SECRETARY
NAME EDNA ROHLAND
STREET ADDRESS 1004 US HWY 92 WEST
CITY-ST-ZIP AUBURNDALE, FL 33823 ☒ Change ☐ Addition

TITLE TD
NAME TREASURER
NAME PEG SPENCER
STREET ADDRESS 1777 W. MAIN ST.
CITY-ST-ZIP INVERNESS, FL 34450 ☒ Change ☐ Addition

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

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

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: *Peg Spencer* *1/7/02* 352-726-6123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)