

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000161

1. Entity Name

PROJECT GRADUATION-CITRUS HIGH, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90023 019 ****61.25

Principal Place of Business
P.O. BOX 1994
INVERNESS FL 34450
US

Mailing Address
P.O. BOX 1994
INVERNESS FL 34451-1994
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3158400

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVIES, MARCIA L
3250 S BLACK MT DR
INVERNESS FL 34450

Name Debra Presnick
Street Address (P.O. Box Number is Not Acceptable)
4180 S. William Ave.
Inverness,
City Inverness, FL Zip Code 34452

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

Debra Presnick Chairman-Director-
Debra Presnick - Treasurer

3/14/00

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	CD	<input checked="" type="checkbox"/> Delete
NAME	KLINEHOFFER, LYNN	
STREET ADDRESS	9188 E. SANDPIPER DR.	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	BEAUDET, NANCY	
STREET ADDRESS	5581 S. MARATHON TERR	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	ALBRECHT, CHRISTINE	
STREET ADDRESS	3642 E. FOXWOOD LN	
CITY-ST-ZIP	INVERNESS FL 32252	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	WALKER, TERRI	
STREET ADDRESS	6046 E. DALY LN	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DAVIES, MARCIA L	
STREET ADDRESS	3250 S BLACK MOUNTAIN DR	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debra Presnick	
STREET ADDRESS	4180 S. William Ave.	
CITY-ST-ZIP	Inverness, FL 34452	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandra Himmel	
STREET ADDRESS	201 W. Highland Blvd.	
CITY-ST-ZIP	Inverness, FL 34452	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sally Diehm	
STREET ADDRESS	215 Lilac Ln.	
CITY-ST-ZIP	Inverness, FL 34452	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dianne Riordan	
STREET ADDRESS	3126 S. Skyline Dr.	
CITY-ST-ZIP	Inverness, FL 34450	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Debra Presnick 3/14/00 352-860-1601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)