

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-14-2001 90002 029 ****61.25

DOCUMENT # N92000000161

1. Entity Name

PROJECT GRADUATION-CITRUS HIGH, INC.



Principal Place of Business

P.O. BOX 1394
INVERNESS FL 34450
US

Mailing Address

P.O. BOX 1394
INVERNESS FL 34451
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3158400

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

PRESNICK, DEBRA
4180 S. WILLIAM AVE
INVERNESS FL 34450

Name **McLain, Vickie**

Street Address (P.O. Box Number is Not Acceptable)

816 S. Waterview Dr.

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

Vickie McLain

Signature, typed or printed name of registered agent and, 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	CDT	☒ Delete
NAME	PRESNICK, DEBRA	
STREET ADDRESS	4180 S. WILLIAM AVE	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	CD	☒ Delete
NAME	HIMMEL, SANDRA	
STREET ADDRESS	201 W. HIGHLAND BLVD	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	CD	☒ Delete
NAME	DIEHM, SALLY	
STREET ADDRESS	215 LILAC LN	
CITY-ST-ZIP	INVERNESS FL 32252	
TITLE	CD	☒ Delete
NAME	RIORDAN, DIANNE	
STREET ADDRESS	3126 S. SKYLINE DR	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ESD Sec.	☐ Change ☒ Addition
NAME	McLain, Vickie	
STREET ADDRESS	816 S. Waterview Dr	
CITY-ST-ZIP	Inverness, FL 34450	
TITLE	CD Treas.	☐ Change ☒ Addition
NAME	Sandra Dixon	
STREET ADDRESS	207 N. Apopka Ave.	
CITY-ST-ZIP	Inverness, FL	
TITLE	CD Chairman	☐ Change ☒ Addition
NAME	Laura Windham	
STREET ADDRESS	1561 S. Windham Rd.	
CITY-ST-ZIP	Inverness, FL 34450	
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:

Vickie McLain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01 352-726-1554

Date

Daytime Phone #

CR2E037 (10/00)