

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000980

1. Entity Name

CITIZENS OF SOUTHEAST MARION, INC.

Principal Place of Business

29934 SE 170TH ST
ALTOONA FL 32702
US

Mailing Address

POB 562
ALTOONA FL 32702-0562
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ROUDABUSH, S J
29934 SE 170TH ST
ALTOONA FL 32700

4. FEI Number

59-3202786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

S. J. Roudabush S. J. Roudabush

04-01-2000

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

TITLE C ☐ Delete
NAME ROUDABUSH, S J
STREET ADDRESS 29934 SE 170TH ST
CITY-ST-ZIP ALTOONA FL 32702

TITLE SD ☐ Delete
NAME WOOD, MADELINE
STREET ADDRESS 25291 SE HIGHWAY 42
CITY-ST-ZIP UMATILLA FL 32784

TITLE TD ☐ Delete
NAME NORFOLK, S J
STREET ADDRESS 20865 SE 1242ND LN
CITY-ST-ZIP UMATILLA FL 32784

TITLE D ☐ Delete
NAME COOKE, DEE
STREET ADDRESS 24415 W HIGHWAY 450
CITY-ST-ZIP UMATILLA FL

TITLE VD ☐ Delete
NAME GIBSON, MICHAEL
STREET ADDRESS 16880 SE 249 AVENUE
CITY-ST-ZIP UMATILLA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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

S. J. Roudabush S. J. Roudabush

04-01-2000 352-669-3766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90150 022 ****61.25



DO NOT WRITE IN THIS SPACE