2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

May 14, 2001 8:00 am Secretary of State DOCUMENT # N9200000980 1. Entity Name 05-14-2001 90041 005 ****61.25 CITIZENS OF SOUTHEAST MARION, INC. Mailing Address Principal Place of Business 29934 SE 170TH ST POB 562 ALTOONA FL 32702 ALTOONA FL 32702 US US 2. Principal Place of Business 3. Mailing Address SE. 162 nd Pl 27415 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3202786 Not Applicable ma: Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROUDABUSH, S J 5.E. 162nd 29934 SE 170TH ST ALTOONA FL 32700 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. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE Change ☐ Delete TITLE ROUDABUSH, S. J. NAME NAME ROUDABUSH, S J 27415 S.E. 162nd PL STREET ADDRESS STREET ADDRESS 29934 SE 170TH ST UMATILLA FL 32784 CITY-ST-ZIP CITY-ST-ZIP ALTOONA FL 32702 ☐ Change ☐ Addition **Delete** TITLE SD TITLE Loretta Efant NAME WOOD, MADELINE NAME 30810 SE, 96th PL STREET ADDRESS STREET ADDRESS 25291 SE HIGHWAY 42 CITY-ST-ZIP Altoona FL 32702 City-St-Zip= 'UMATILLA FL 32784 🖰 Change ☐ Addition TD TITLE ☐ Delete TITLE NAME NORFOLK, S J NAME 20865 SE 1242ND LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP UMATILLA FL 32784 Change ☐ Addition ☐ Delete TITLE ח TITLE NAME COOKE, DEE NAME STREET ADDRESS STREET ADDRESS 24415 W HIGHWAY 450 CITY-ST-ZIP CITY-ST-ZIP UMATILLA FL TITLE Change ☐ Addition ☐ Delete TITLE GIBSON, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 16880 SE 249 AVENUE CITY-ST-ZIP CITY-ST-ZIP UMATILLA FL Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

4-12-2001 (352)669-3766 Date Daytime Phone #