

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92207 014 \*\*\*\*\*61.25

**DOCUMENT # N92000000980**

1. Entity Name

**CITIZENS OF SOUTHEAST MARION, INC.**



Principal Place of Business

**27415 SE 162ND PL.  
UMATILLA FL 32784  
US**

Mailing Address

**POB 562  
ALTOONA FL 32702  
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 **59-3202786**

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

**ROUDABUSH, S J  
27415 SE 162ND PL  
UMATILLA FL 32784**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*S. J. Roudabush* **S. J. Roudabush**

*April 28, 2003*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>ROUDABUSH, S J</b>	
STREET ADDRESS	<b>27415 SE 162ND PL</b>	
CITY-ST-ZIP	<b>UMATILLA FL 32784</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EFANT, LORETTA</b>	
STREET ADDRESS	<b>30810 SE 96TH PL</b>	
CITY-ST-ZIP	<b>ALTOONA FL 32702</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>NORFOLK, S J</b>	
STREET ADDRESS	<b>20865 SE 1242ND LN</b>	
CITY-ST-ZIP	<b>UMATILLA FL 32784</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COOKE, DEE</b>	
STREET ADDRESS	<b>24415 W HIGHWAY 450</b>	
CITY-ST-ZIP	<b>UMATILLA FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>GIBSON, MICHAEL</b>	
STREET ADDRESS	<b>16880 SE 249 AVENUE</b>	
CITY-ST-ZIP	<b>UMATILLA FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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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:** *S. J. Roudabush* **S. J. Roudabush** *04/28/2003 352-669-3764*

CR2E037 (10/02)