2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
02-21-2002 90166 028 ****61.25

DOCUMENT # N93000003137

1. Entity Name

CITRUS DETACHMENT #819 MARINE CORPS LEAGUE, INC.

Principal Place of Business	Mailing Address
STATE ROAD 200 HERNANDO FL 34442	P O BOX 640383 BEVERLY HILLS FL 34465

DO NOT WRITE IN THIS SPACE

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 59-3184438 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, CHARLIE W
6724 E GLENCOE ST
INVERNESS FL 34452

7. Name and Address of New Registered Agent

Name JAMES P COULON
Street Address (P.O. Box Number is Not Acceptable) 634 E Keller
City HERNANDO FL Zip Code 34442-8381

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 X James P Coulon Feb 8, 02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SMITH, CHARLIE W 6724 E, GLENCOE ST INVERNESS FL 34452	☒ Delete	DV JAMES P COULON 634 E KELLER HERNANDO FL 34442 8381	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOFFMAN, RALPH 9413 SW 196 CIR DUNNELLON FL 34432	☒ Delete	T ROBERT F. TEAGUE 2502 RANCHLAND ST INVERNESS FL 34453	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DECK, ROBERT J 3398 ANNAPOLIS AVE HERNANDO FL 34442-4713	☒ Delete	D WALTER J. MULAWSKI 4801 N EL CAMINO DR. 34465 ~~HERNANDO FL~~ BEVERLY HILLS FL. 8733	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: X James P Coulon Feb 8, 02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #