

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002116

1. Entity Name

THE HOMEOWNERS OF CITRUS POINTE, INC.

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90021 005 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4980 HAMLIN CIR  
MIMS FL 32754-5776  
US

4980 HAMLIN CIR  
MIMS FL 32754-5776  
US

2. Principal Place of Business

4988 Hamlin Cir.

Suite, Apt. #, etc.

3. Mailing Address

4988 Hamlin Cir.

Suite, Apt. #, etc.

City & State

Mims, FL

City & State

Mims, FL

4. FEI Number

59-3248624

Applied For

Not Applicable

Zip

32754-5776

Country

USA

Zip

32754-5776

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ERICKSON, D. BRUCE  
4980 HAMLIN CIR  
MIMS FL 32754

7. Name and Address of New Registered Agent

Name

Wendy Carter

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

4988 Hamlin Cir.

City

Mims

FL

Zip Code

32754

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

Wendy D Carter

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-00

**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	PVD	<input type="checkbox"/> Delete
NAME	CARTER, WENDY	
STREET ADDRESS	4988 HAMLIN CIR	
CITY-ST-ZIP	MIMS FL	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	ERICKSON, BRUCE	
STREET ADDRESS	4980 HAMLIN CIR	
CITY-ST-ZIP	MIMS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, ROBI K	
STREET ADDRESS	1514 S WASHINGTON AVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Becky Ahrens	
STREET ADDRESS	4958 Hamlin Cir.	
CITY-ST-ZIP	Mims, FL 32754	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Alan Towne	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4975 Hamlin Cir.	
STREET ADDRESS	Mims, FL 32754	
CITY-ST-ZIP		
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:

Wendy D Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/00

Date

Daytime Phone #