

2000 UNIFORM BUSINESS REPORT (UBR)

3/4

DOCUMENT # N95000000731

1. Entity Name

CITRUS COUNTY ARTS FOR A COMPLETE EDUCATION, INC

FILED
Apr 20, 2000 8:00 am
Secretary of State

03-02-2000 90193 008 ****61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 908
LECANTO FL 34460

POST OFFICE BOX 908
LECANTO FL 34460-0908

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

59-3303511

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

Name

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

City

FL

Zip Code

SLAYMAKER, THOMAS A
2218 HIGHWAY 44 WEST
INVERNESS FL 34453

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

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	VPD	<input type="checkbox"/> Delete
NAME	GATES, KATHY	
STREET ADDRESS	8720 STELLASANT GROVE ROAD	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	Past President	<input type="checkbox"/> Delete
NAME	ICKSTADT, REBECCA	
STREET ADDRESS	8100 SOUTH SHADOWBRIGHT PLACE	
CITY-ST-ZIP	FLORAL CITY FL 34425	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	DALTON, BRENDA	
STREET ADDRESS	5825 S CHESTNUT TERRACE	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILSON, HELE	
STREET ADDRESS	6005 S. REDDING AVE	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V. Lionel King, President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1739 N. Future Tr.	
STREET ADDRESS	LECANTO, FL 34461	
CITY-ST-ZIP		
TITLE	Dave Brown Vice Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECANTO HIGH SCHOOL	
STREET ADDRESS	3800 W. Educational Path	
CITY-ST-ZIP	LECANTO, FL 344	
TITLE	Sue Jeffes Sec. Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECANTO MIDDLE SCHOOL	
STREET ADDRESS	3800 W. Educational Path	
CITY-ST-ZIP	LECANTO, FL 344	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

31 Jan 2000 352 146-8002

CR2E037 (9/99)