

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N95000000731

1. Entity Name

CITRUS COUNTY ARTS FOR A COMPLETE EDUCATION, INC

FILED

02 JAN -9 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

POST OFFICE BOX 908  
LECANTO FL 34460

Mailing Address

POST OFFICE BOX 908  
LECANTO FL 34460



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

SLAYMAKER, THOMAS A  
2218 HIGHWAY 44 WEST  
INVERNESS FL 34453

7. Name and Address of New Registered Agent

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.

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  
After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD GATES, KATHY 8720 S PLEASANT GROVE ROAD INVERNESS FL 34452	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ICKSTADT, REBECCA 8100 SOUTH SHADOWBRIGHT PLACE FLORAL CITY FL 34425	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DALTON, BRENDA 5825 S CHESTNUT TERRACE LECANTO FL 34461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WIRT, MISHELE 6090 S. REDBIRD AVE LECANTO FL 34461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	King, V. Lionel 1739 N Future Tr Lecanto, FL 34461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dalton, Brenda 5825 S. Chestnut Tr Lecanto, FL 34461	<input type="checkbox"/> Change <input type="checkbox"/> Addition Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brown, Dave 2435 W. Jonquil Dr Citrus Springs, FL 34434	<input type="checkbox"/> Change <input type="checkbox"/> Addition V.P.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeffess, Sue Citrus County ACE P.O. Box 908 Lecanto FL 34460	<input type="checkbox"/> Change <input type="checkbox"/> Addition Sec
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 817, 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 and empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/01 (352)746-3782

Date

Daytime Phone #

CR2E037 (5/01)



2092

**CITRUS COUNTY ARTS FOR A COMPLETE EDUCATION (CCACE)**  
**FLORIDA ALLIANCE FOR ARTS EDUCATION (FAAE)**  
P.O. BOX 908 / LECANTO, FLORIDA 34460

November 6, 01

To Whom this may concern,

Due to a problem with our P.O. Box, we just received this Notice.  
We are trusting that you will consider and accept this check for the  
Citrus County Arts For a Complete Education ,Inc.  
Reference Number: N95000000731

Sincerely,

Sue Jeffes  
Treasurer