

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90233 048 ****61.25

DOCUMENT # N95000003317

1. Entity Name

CITRUS COUNTY SEMINOLE CLUB, INC.

Principal Place of Business

Mailing Address

**POST OFFICE BOX 3051
 INVERNESS FL 34451-3051**

**POST OFFICE BOX 3051
 INVERNESS FL 34451-3051**

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

59-3331592

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

**DENSMORE, CATHERINE
 1330 CLYMORE STREET
 INVERNESS FL 34450**

Name

JAMES MARTONE

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

330 S. GROVE TERR.

City

INVERNESS FL

Zip Code

34450

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

03-25-02

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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **DENSMORE, CATHY**
 CITY-ST-ZIP **PO BOX 3051
 INVERNESS FL 34450**

TITLE ☒ Change ☐ Addition
 NAME **DP**
 STREET ADDRESS **JAMES MARTONE**
 CITY-ST-ZIP **330 S. GROVE TERR.
 INVERNESS, FL 34450**

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **EVERETT, CECIL**
 CITY-ST-ZIP **132 S. SPARROW PT.
 INVERNESS FL 34450**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DT**
 STREET ADDRESS **CATE, CAROL A**
 CITY-ST-ZIP **425 N. LOCHVIEW TERR.
 CRYSTAL RIVER FL 34429**

TITLE ☒ Change ☐ Addition
 NAME **DT**
 STREET ADDRESS **DONNA TIENSTRAUP**
 CITY-ST-ZIP **P.O. BOX 992
 INVERNESS FL 34451**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **CLEARY, MICHELLE**
 CITY-ST-ZIP **2785 N. PAGE AVE.
 HERNANDO FL 34442**

TITLE ☒ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **FLO HAYWARD**
 CITY-ST-ZIP **P.O. BOX 882
 INVERNESS FL 34451**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **DONNA TIENSTRAUP**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-25-02 **726-4488x251**
 Date Daytime Phone #

CR2E037 (9/01)