

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003745

1. Entity Name

COMMUNITY THEATER OF CITRUS COUNTY, INC.

FILED

Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90391 043 ****61.25

Principal Place of Business

Mailing Address

865 NORTH SUNCOAST BLVD
CRYSTAL RIVER FL 34429
US

865 NOTH SUNCOAST BLVD
CRYSTAL RIVER FL 34429
US

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

59-3338267

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

BOWMAN, STEVEN H. L. PA
103 N APOPKA AVENUE
INVERNESS FL 34453

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

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 PD
NAME RICH, CURTIS SR
STREET ADDRESS 734 SW KINGS BAY DRIVE
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Delete

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

TITLE VPD
NAME LUCAS, KATIE
STREET ADDRESS 9230 N CHARLES POINT
CITY-ST-ZIP DUNNELLON FL 34434 ☐ Delete

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

TITLE TD
NAME ZELNERONOK, MARGARET
STREET ADDRESS 531 SW 1ST AVENUE
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Delete

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

TITLE SD
NAME EASTER, RICHARD
STREET ADDRESS 7597 W GLENDALE COURT
CITY-ST-ZIP DUNNELLON FL 34433 ☐ Delete

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

TITLE BMD
NAME JAMES, FARLEY
STREET ADDRESS 1481 NW 19TH STREET
CITY-ST-ZIP CRYSTAL RIVER FL 34428 ☐ Delete

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

TITLE BMD
NAME GEBELIEN, RICK
STREET ADDRESS 2498 W BEGONIA DRIVE
CITY-ST-ZIP BEVERLY HILLS FL ☐ Delete

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

Margaret Zelneronok

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-07-02

352-563-1333

Date

Daytime Phone #

CR2E037 (9/01)