

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004628

1. Entity Name

NORTH CITRUS CIVIC ASSOCIATION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90061 028 ****61.25

Principal Place of Business

8055 N DACCA TERR
DUNNELLON FL 34433
US

Mailing Address

8055 N DACCA TERR
DUNNELLON FL 34433-5413
US

2. Principal Place of Business

11074 N WAHOO TR

Suite, Apt. #, etc.

3. Mailing Address

11074 N WAHOO TR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DUNNELLON FL

City & State

DUNNELLON FL

4. FEI Number

59-3362753

Applied For

Not Applicable

Zip

34433

Country

CITRUS

Zip

34433

Country

CITRUS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARVEY, MORRIS
8055 N DACCA TERR
DUNNELLON FL 34433

7. Name and Address of New Registered Agent

Name WILLIAM R KEELING

Street Address (P.O. Box Number is Not Acceptable)
11074 N. WAHOO TR

City DUNNELLON FL Zip Code 34433

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 *William R. Keeling*
Signature, typed or printed name of registered agent and title if applicable.

WILLIAM R KEELING, PRES. 3-15-00

(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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARVEY, MORRIS	
STREET ADDRESS	8055 N DACCA TERR	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	D	<input type="checkbox"/> Delete
NAME	PROFIT, MARIQUITA	
STREET ADDRESS	9951 N. CITRUS AVE.	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FIFE, RANDOLPH S	
STREET ADDRESS	9835 N CITRUS AVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAW, RAY	
STREET ADDRESS	8945 W TONTO DR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVENPORT, ANDREW	
STREET ADDRESS	7539 W RIVERBEND RD	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W KEELING, WILLIAM	
STREET ADDRESS	11074 N. WAHOO TR	
CITY-ST-ZIP	DUNNELLON, FL 34433	
TITLE	VB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORMANEK, ROBERT	
STREET ADDRESS	6578 W RIVERBEND RD	
CITY-ST-ZIP	DUNNELLON, FL 34433	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROFIT, MARIQUITA	
STREET ADDRESS	9951 N. CITRUS AVE	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANVALKENBERG, CANDY	
STREET ADDRESS	6665 W RIVERBEND RD	
CITY-ST-ZIP	DUNNELLON, FL 34433	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, MORRIS	
STREET ADDRESS	8055 N DACCA TERR	
CITY-ST-ZIP	DUNNELLON, FL 34433	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BITTNER, JAMES	
STREET ADDRESS	9370 W EMERALD OAKS DR.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	

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:

William R. Keeling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00 (352) 563 6534
Date Daytime Phone #

CR2E037 (9/99)

Attachment

00064823

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Additional page

DOCUMENT #N95000004628

NORTH CITRUS CIVIC ASSOCIATION, INC.

Block 11

TITLE D

NAME SHEA, MARIE

STREET ADDRESS 9699 N. EVENTI. CRYSTAL RIVER, FL 34433

CITY-ST-ZIP