

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90035 001 \*\*\*\*61.25

**DOCUMENT # N95000004628**

1. Entity Name

**NORTH CITRUS CIVIC ASSOCIATION, INC.**

Principal Place of Business

**11074 N WAHOO TR  
DUNNELLON FL 34433  
US**

Mailing Address

**11074 N WAHOO TR  
DUNNELLON FL 34433  
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 **59-3362753**

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

**KEELING, WILLIAM R  
11074 N WAHOO TR  
DUNNELLON FL 34433**

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 **D** ☐ Delete  
NAME **HARVEY, MORRIS**  
STREET ADDRESS **8055 N DACCA TERR**  
CITY-ST-ZIP **DUNNELLON FL 34433**

TITLE **D** ☐ Change ☒ Addition  
NAME **SHEA, MARIE**  
STREET ADDRESS **9699 N. EVENTI**  
CITY-ST-ZIP **CRYSTAL RIVER, FL 34433**

TITLE **SD** ☐ Delete  
NAME **PROFIT, MARIQUITA**  
STREET ADDRESS **9951 N. CITRUS AVE.**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

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

TITLE **PD** ☐ Delete  
NAME **KEELING, WILLIAM**  
STREET ADDRESS **11074 N WAHOO TR**  
CITY-ST-ZIP **DUNNELLON FL 34433**

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

TITLE **VB** ☐ Delete  
NAME **FORMANEK, ROBERT**  
STREET ADDRESS **6578 W RIVERBEND RD**  
CITY-ST-ZIP **DUNNELLON FL 34433**

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

TITLE **TD** ☐ Delete  
NAME **VANWALKENBERG, CANDY**  
STREET ADDRESS **6665 W RIVERBEND RD**  
CITY-ST-ZIP **DUNNELLON FL 34433**

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

TITLE **D** ☐ Delete  
NAME **BITTNER, JAMES**  
STREET ADDRESS **9370 W EMERALD OAKS DR**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

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:

**WILLIAM R. KEELING**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WILLIAM R KEELING** 1/27/01 5636534  
Date Daytime Phone #

**0016450**



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)