## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an aderest

SIGNATURE

Laner like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Holler

4/25/00

Date

(989) 1442

Daytime Phone #

## FILED DOCUMENT # **N96000003874** May 16, 2000 8:00 am Secretary of State 1. Entity Name CITIZENS SAVING COMMUNITIES FOUNDATION, INC. 05-16-2000 90022 050 \*\*\*\*61.25 Mailing Address Principal Place of Business 12402 N 56TH ST 12402 N 56TH ST TAMPA FL 33617-1542 TAMPA FL 33617 2. Principal Place of Business 3. Mailing Address 10936 North 56th Street 10936 North 56th Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 200 200 Suite City & State Tampa, Florida City & State 4. FEI Number Applied For 59-3390575 Not Applicable Tampa, Florida Country US \$8.75 Additional Zip 33617 5. Certificate of Status Desired 33617 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Holler, Joseph Street Address (P.O. Box Number is Not Acceptable) HOLLER, JOSEPH JR. 10936 North 56th Street 12402 N 56TH STREET **TAMPA FL 33617** City Zip Code 33617 Tampa 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Addition TITLE Change TITLE ☐ Delete NAME HOLLER, JOSEPH NAME STREET ADDRESS **805 COULTER CIRCLE** STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP **BRANDON FL** ☐ Addition ☐ Change ☐ Delete TITLE HOLLER, VICKI NAME STREET ADDRESS **805 COULTER CIRCLE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 🖄 Change ■ Addition Delete TITLE MEHELE, WILLIAM NAME 5104 Rolling Hill Court STREET ADDRESS STREET ADDRESS 13155 NORTH 19TH STREET Tampa, Florida CITY-ST-ZIP CITY-ST-ZIP tampa fl ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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