

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003874

1. Entity Name

CITIZENS SAVING COMMUNITIES FOUNDATION, INC.

FILED

May 23, 2002 8:00 am
Secretary of State

05-23-2002 90101 045 ****61.25

Principal Place of Business

Mailing Address

10936 N. 56TH STREET
STE 200
TAMPA FL 33617
US

10936 N. 56TH STREET
STE 200
TAMPA FL 33617
US

2. Principal Place of Business

805 COULTER CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

805 COULTER CIRCLE

Suite, Apt. #, etc.

City & State

BRANDON, FLORIDA

Zip

33511

Country

USA

City & State

BRANDON, FLORIDA

Zip

33511

Country

USA

4. FEI Number

59-3390575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLER, JOSEPH JR.
12402 N 56TH STREET
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name

SAME: (Joe Holler Jr.)

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

805 COULTER CIRCLE

City

BRANDON

FL

Zip Code

33511

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]

JOSEPH HOLLER

4/30/02

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HOLLER, JOSEPH
CITY-ST-ZIP 805 COULTER CIRCLE
BRANDON FL

TITLE ☐ Delete
NAME D
STREET ADDRESS HOLLER, VICKI
CITY-ST-ZIP 805 COULTER CIRCLE
BRANDON FL

TITLE ☐ Delete
NAME D
STREET ADDRESS MEHELE, WILLIAM
CITY-ST-ZIP 13155 NORTH 19TH STREET
TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

813-989-1442

Date

Daytime Phone #

CR2E037 (9/01)