

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92189 027 ***61.25

DOCUMENT # N96000003874

1. Entity Name
CITIZENS SAVING COMMUNITIES FOUNDATION, INC.



Principal Place of Business

**805 COULTER CR
BRANDON FL 33511
US**

Mailing Address

**805 COULTER CR
BRANDON FL 33511
US**

2. Principal Place of Business

805 COULTER CR
Suite, Apt. #, etc.

3. Mailing Address

805 COULTER CR
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
BRANDON FL

Zip
33511

Country
US

City & State
BRANDON FL

Zip
33511

Country
US

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, JOE SR
805 COULTER CR
BRANDON FL 33511**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED

8/28/03 813-685-1494

CR2E037 (10/02)