

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000451

1. Entity Name

CITRUS SINGLES CLUB, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90001 015 ****70.00

Principal Place of Business P.O. BOX 1535 CRYSTAL RIVER FL 34423-1535		Mailing Address P.O. BOX 1535 CRYSTAL RIVER FL 34423-1535	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3405971** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SLONIMSKY, SAUL M
2097 N INWOOD TERRACE
CRYSTAL RIVER FL 33428-7862

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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLONIMSKY, SAUL M 2097 N INWOOD TERRACE CRYSTAL RIVER FL 34428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAUSCH, EILEEN 3342 S BELGRAVE DR INVERNESS FL 34452 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELSCH, DOROTHY 1866 ARROWWOOD LANE INVERNESS FL 34453 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IAFFE, LUCY 5010 S ROMANS AVE INVERNESS FL 34452 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYREE, LORRAINE 6229 W WESTON DR CRYSTAL RIVER FL 34429 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOBARA, NANCY 3621 N LUCILLE HILLS BEVERLY HILLS FL 34465 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V JOY ROBINSON (Vice Pres) 2130 W. DEWON DR. CITRUS SPRINGS, FL 34434	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D SUZANNE JOYCE 2588 LANTERN TERR. HERNANDO, FL 34442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T TREASURER HOWARD T. CROSS 3773 S. ROYAL OAKS DR. APT. 15-4 INVERNESS, FL 34452-8767	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **SAUL M. SLONIMSKY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00 **352 795-1336**
Date Daytime Phone #