

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000000451

FILED
Jan 15, 2003
Secretary of State

Entity Name: CITRUS SINGLES CLUB, INC.

Current Principal Place of Business:

P.O. BOX 1535
CRYSTAL RIVER, FL 344231535

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1535
CRYSTAL RIVER, FL 344231535

New Mailing Address:

FEI Number: 59-3405971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLONIMSKY, SAUL M
2097 N INWOOD TERRACE
CRYSTAL RIVER, FL 334287862 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SLONIMSKY, SAUL M
Address: 2097 N INWOOD TERRACE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: V () Delete
Name: WELSCH, DOROTHY
Address: 1866 ARROWWOOD LANE
City-St-Zip: INVERNESS, FL 34453

Title: D () Delete
Name: JOYCE, SUZANNE
Address: 2588 LANTERN TERR
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: TYREE, LORRAINE
Address: 6229 W WESTON DR
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: S () Delete
Name: TOBARA, NANCY
Address: 3621 N LUCILLE
City-St-Zip: BEVERLY HILL, FL 34465

Title: T () Delete
Name: CROSS, HOWARD T
Address: 3336 S. WHITECHAPPEL PT.
City-St-Zip: INVERNESS, FL 344528710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAUL M. SLONIMSKY

P

01/15/2003

Electronic Signature of Signing Officer or Director

Date

AXIE JENKINSON - DIRECTOR
1769 N. CROOKED BRANCH DR.
LECANTO, FL 34461