

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004179

1. Entity Name

THE CITADEL CLUB OF CENTRAL FLORIDA, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90012 013 ****61.25

Principal Place of Business

Mailing Address

1941 SOUTHEAST 51ST TERRACE
OCALA FL 34471

1941 SOUTHEAST 51ST TERRACE
OCALA FL 34471-5763

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3529071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALVO, WILLIAM A III
1941 SOUTHEAST 51ST TERRACE
OCALA FL 34471

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS CALVO, WILLIAM A III
CITY-ST-ZIP 1941 SOUTHEAST 51ST TERRACE
OCALA FL 34471

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Donald B. Hamilton
CITY-ST-ZIP 5550 SW 28th Ave.
Ocala, FL 34474

TITLE ☐ Delete
NAME D
STREET ADDRESS CHAMBERLIN, G R
CITY-ST-ZIP 1500 SOUTH HIGHWAY 441
SUMMERFIELD FL 34491

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Bennett LaCour III
CITY-ST-ZIP 595 N. Nova Rd. 122
Ormond Beach, FL 32174

TITLE ☐ Delete
NAME D
STREET ADDRESS DEKLE, GEORGE W JR
CITY-ST-ZIP 3600 NORTHWEST TWELFTH STREET
GAINESVILLE FL 32609-2140

TITLE ☐ Change ☒ Addition
NAME Treasurer
STREET ADDRESS Edward Johnson, Jr.
CITY-ST-ZIP 1337 SE 8th St.
Ocala, FL 34471

TITLE ☐ Delete
NAME S
STREET ADDRESS MITCHEM, VANESSA H
CITY-ST-ZIP 15 ALMOND PASS
OCALA FL 34472

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward J. Johnson Jr. 1/26/00 352-694-9182

Date

Daytime Phone #

CR2E037 (9/99)