

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90065 024 *****61.25

DOCUMENT # N97000004179

1. Entity Name

THE CITADEL CLUB OF CENTRAL FLORIDA, INC.

Principal Place of Business

**1941 SOUTHEAST 51ST TERRACE
OCALA FL 34471**

Mailing Address

**1941 SOUTHEAST 51ST TERRACE
OCALA FL 34471**

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

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

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

TITLE ☐ Delete
NAME **D CHAMBERLIN, G R**
STREET ADDRESS **4518 SW 44TH LANE**
CITY-ST-ZIP **OCALA FL 34474**

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

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

TITLE ☒ Delete
NAME **D HAMILTON, DONALD B**
STREET ADDRESS **5550 SW 28TH AVE**
CITY-ST-ZIP **OCALA FL 34474**

TITLE ☐ Delete
NAME **D LACOUR, BENNETT**
STREET ADDRESS **595 N. NOVA RD. 122**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **P F D R.J. Waterston**
STREET ADDRESS **1617 S.E. 18th Street**
CITY-ST-ZIP **Ocala, FL 34471**

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

TITLE ☐ Change ☒ Addition
NAME **D + VP Gary Collins**
STREET ADDRESS **2138 Langley Circle**
CITY-ST-ZIP **Orlando, FL 32835**

TITLE ☒ Change ☐ Addition
NAME **S Vanessa Lindsey**
STREET ADDRESS **340 SE 55th Ave**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE ☐ Change ☒ Addition
NAME **D Thomas DeTreville**
STREET ADDRESS **374 Coral Dr.**
CITY-ST-ZIP **Cape Canaveral, FL 32920**

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:

Vanessa Lindsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/01 352-694-6661

CR2E037 (10/00)