

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001232

1. Entity Name

EAST CITRUS CIVITAN CLUB, INC.

Principal Place of Business

641 E GULF TO LAKE HWY
LECANTO FL 34461

Mailing Address

PO BOX 0231
INVERNESS FL 34451

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 72-1391178

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

~~IVERSON, ROBERT SR.~~
641 E GULF TO LAKE HWY
LECANTO FL 34461

Name
Mabel Iverson

Street Address (P.O. Box Number is Not Acceptable)
641 E. Gulf to Lake Hwy.

City
Lecanto, Florida 34461 FL Zip Code
34461

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

Mabel E. Iverson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/02

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 PD
NAME RUSHTON, CHRIS
STREET ADDRESS 104 S HARRISON STREET
CITY-ST-ZIP BEVERLY HILLS FL ☒ Delete

TITLE PD
NAME Mabel Iverson
STREET ADDRESS 641 E. Gulf to Lake Hwy.
CITY-ST-ZIP Lecanto, Florida 34461 ☐ Change ☒ Addition

TITLE VD
NAME IVERSON, MABEL
STREET ADDRESS PO BOX 2015
CITY-ST-ZIP INVERNESS FL 34451 ☒ Delete

TITLE VD
NAME Mary King
STREET ADDRESS 3355 S. Dalton Terr.
CITY-ST-ZIP Inverness, Florida 34452 ☐ Change ☒ Addition

TITLE TD
NAME ~~HEPPER, JACQUE B.~~
STREET ADDRESS 200 CHERRY AVE
CITY-ST-ZIP INVERNESS FL 34450 ☒ Delete

TITLE TD
NAME Frank Lewis
STREET ADDRESS 343 N. Brighton Road
CITY-ST-ZIP Lecanto, Florida 34461 ☐ Change ☒ Addition

TITLE SD
NAME SMITH, PATRICIA
STREET ADDRESS 6797 E ANNAVO DR
CITY-ST-ZIP INVERNESS FL 34452 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Frank Lewis 2/25/02 352-726-5601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0087339



DO NOT WRITE IN THIS SPACE