

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90587 017 ****61.25

DOCUMENT # N98000003027

1. Entity Name

CITRUS COUNTY FAMILY VISITATION CENTER, INC.

Principal Place of Business

204 S. SEMINOLE AVE
SUITE 357
INVERNESS FL 34450

Mailing Address

PO BOX 1184
INVERNESS FL 34451-1184

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

59-3513910

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

WEAVER, DENISE M
2218 HIGHWAY 44 WEST
INVERNESS FL 34453

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORAN, FRED
1 SOUTH PARK AVENUE
INVERNESS FL 34451 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Daniel Snow - Treasurer ☐ Change ☒ Addition
203 Courthouse Square
Inverness, FL 34450

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHENCK, KEITH
110 N. APOPKA AVENUE, SUITE 316
INVERNESS FL 34450 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Langer, David ☐ Change ☒ Addition
801 N. E. Halcyon Isle Ct.
Inverness, FL 34450

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALLEN, GLENDA B
8901 E. TSALA APOPKA DRIVE
INVERNESS FL 34450 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Alida Langley ☒ Change ☐ Addition
110 N. Apopka Ave
Inverness, FL 34450

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALEXANDER, JOANN
4556 S. SUNCOAST BLVD
HOMOSASSA FL 34446 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Keith Schenck ☒ Change ☐ Addition
110 N. Apopka Ave
Inverness, FL 34450

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DIGIOVANNI, FRANK
212 WEST MAIN STREET
INVERNESS FL 34450 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LANGLEY, ALIDA
110 N. APOPKA AVENUE
INVERNESS FL 34450 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/01 3523416767

CR2E037 (10/00)