

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90921 038 ****61.25

DOCUMENT # N98000003027

1. Entity Name

CITRUS COUNTY FAMILY VISITATION CENTER, INC.

Principal Place of Business

Mailing Address

**204 S. SEMINOLE AVE
 SUITE 357
 INVERNESS FL 34450**

**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**

DO NOT WRITE IN THIS SPACE



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	D	<input type="checkbox"/> Delete
NAME	MORAN, FRED	
STREET ADDRESS	1 SOUTH PARK AVENUE	
CITY-ST-ZIP	INVERNESS FL 34451	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHENCK, KEITH	
STREET ADDRESS	110 N. APOPKA AVENUE, SUITE 316	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	P	<input type="checkbox"/> Delete
NAME	LANGLEY, ALIDA	
STREET ADDRESS	110 N. APOPKA AVE	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCHEMDE, KEITH	
STREET ADDRESS	110 N. APOPKA AVE	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIGIOVANNI, FRANK	
STREET ADDRESS	212 WEST MAIN STREET	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANGLEY, ALIDA	
STREET ADDRESS	110 N. APOPKA AVENUE	
CITY-ST-ZIP	INVERNESS FL 34450	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alida Langley* **ALIDA LANGLEY** **PRESIDENT** **3/26/02** **(352)341-6720**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)