

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90034 043 *****61.25

DOCUMENT # N98000004567

1. Entity Name

CITRUS COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.

Principal Place of Business

28 NW HWY 19
CRYSTAL RIVER FL 34428
US

Mailing Address

28 NW HWY 19
CRYSTAL RIVER FL 34428
US

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENSEN, RICHARD N
28 NW HWY 19
CRYSTAL RIVER FL 34428

7. Name and Address of New Registered Agent

Name Bill Sullivan
Street Address (P.O. Box Number is Not Acceptable)
28 NW Hwy 19
City Crystal River FL 34428

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

President
(NOTE: Registered Agent signature required when reinstating)

4/16/01
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	VD	<input checked="" type="checkbox"/> Delete
NAME	CALLOWAY, C L	
STREET ADDRESS	5330 W GULF TO LAKE HWY	
CITY-ST-ZIP	LECANTO FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GUDIS, MICHAEL L	
STREET ADDRESS	253 NW BAYPATH DRIVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	PED	<input checked="" type="checkbox"/> Delete
NAME	CUNNINGHAM, KEVIN	
STREET ADDRESS	2729 N RESTON TERR	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, BRUCE	
STREET ADDRESS	1502 SE HWY 19	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARVEY, JAMES	
STREET ADDRESS	3800 S RECANO HWY	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HUTCHINS, DAVID	
STREET ADDRESS	8021 W GULF TO LAKE HWY	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fred Clark	
STREET ADDRESS	3465 W. Susan Lane	
CITY-ST-ZIP	LECANTO, FL 34461	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Sullivan	
STREET ADDRESS	15 Blumelia Ct	
CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	PED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Danner	
STREET ADDRESS	800 W. main St.	
CITY-ST-ZIP	UNIVERSITY, FL 34451	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce Schultz	
STREET ADDRESS	1502 SE Hwy 19	
CITY-ST-ZIP	Crystal River, FL 34429	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES HARVEY	
STREET ADDRESS	3800 S. Lecanto Hwy	
CITY-ST-ZIP	LECANTO, FL 34461	
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:

David Hutchins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)