

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006594

1. Entity Name

CITRUS COMMUNITY OUTREACH CENTER, INC.

Principal Place of Business

718 N.W. FIRST AVENUE
CRYSTAL RIVER FL 34428

Mailing Address

718 N.W. FIRST AVENUE
CRYSTAL RIVER FL 34428-3904

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAMPER, MARIE B
225 N. COUNTRY CLUB DRIVE
CRYSTAL RIVER FL 34429

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

Marie B. Stamper

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

(NOTE: Registered Agent signature required when reinstating)

4-30-00

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 SD ☐ Delete
NAME STAMPER, MARIE B CMM
STREET ADDRESS 225 N. COUNTRY CLUB DRIVE
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE PD ☐ Delete
NAME HAESEKER, TOM
STREET ADDRESS 301 S. CITRUS AVENUE
CITY-ST-ZIP INVERNESS FL 34432

TITLE VD ☐ Delete
NAME EASLEY, GAIL
STREET ADDRESS P.O. BOX 1436
CITY-ST-ZIP CRYSTAL RIVER FL 34423

TITLE D ☐ Delete
NAME JEFFERSON, ALAN REV.
STREET ADDRESS 718 N.W. 1ST AVENUE
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE TD ☐ Delete
NAME WILSON, MAUREEN
STREET ADDRESS P.O. BOX 2917
CITY-ST-ZIP CRYSTAL RIVER FL 34423

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00

Date

Daytime Phone #

CR2F037 19/99