

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90049 026 \*\*\*550.00

**DOCUMENT # P01000084014**

1. Entity Name  
**CITRUS CAPITAL CORPORATION**

Principal Place of Business

**1299 MAIN ST. STE F  
DUNEDIN FL 34689-LAMP  
AT**

Mailing Address

**1299 MAIN ST. STE F  
DUNEDIN FL 34689-LAMP  
AT**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**1418 WOODSTREAM DR.**

Suite, Apt. #, etc.

City & State

**OLDSMAR, FL**

Zip

**34677**

Country

**USA**

4. FEE Number

**74-3018293**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LAMPATHAKIS, JAMES-D**

**1299 MAIN ST, STE F  
DUNEDIN FL 34689-LAMP**

7. Name and Address of New Registered Agent

**LAWRENCE R. KELNER**

**1418 WOODSTREAM DR**

**City OLDSMAR**

**FL**

**Zip 34677**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Lawrence R. Kelner*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9-12-02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
After September 13, 2002 Fee will be \$750.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **TIPTON, DENNIS**  
STREET ADDRESS **1299 MAIN ST, STE F**  
CITY-ST-ZIP **DUNEDIN FL 34689-LAMP**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition  
NAME **VICE PRESIDENT**  
STREET ADDRESS **BARBARA C. KELNER**  
CITY-ST-ZIP **1418 WOODSTREAM DR  
OLDSMAR, FL 34677**

TITLE ☐ Change ☒ Addition  
NAME **VICE PRESIDENT**  
STREET ADDRESS **LAWRENCE R. KELNER**  
CITY-ST-ZIP **1418 WOODSTREAM DR  
OLDSMAR, FL 34677**

TITLE ☐ Change ☒ Addition  
NAME **VICE PRESIDENT**  
STREET ADDRESS **JERRY BERTSCH**  
CITY-ST-ZIP **1418 WOODSTREAM DR  
OLDSMAR, FL 34677**

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

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

CR2E034 (4/02)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lawrence R. Kelner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-12-02**

Date

Daytime Phone #

**(727)  
946-2775**