

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091615

1. Entity Name

CITIZENS MORTGAGE GROUP, INC.

Principal Place of Business

2012 SANTA BARBARA BOULEVARD  
NAPLES FL 34116

Mailing Address

2012 SANTA BARBARA BOULEVARD  
NAPLES FL 34116-5446

2. Principal Place of Business

3092 Tamiami Trail N.

Suite, Apt. #, etc.

3. Mailing Address

3092 Tamiami Trail N.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34103

Country

US

Zip

34103

Country

US

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 PSTD  
NAME BOS, KIMBERLY ANN  
STREET ADDRESS 2012 SANTA BARBARA BOULEVARD  
CITY-ST-ZIP NAPLES FL 34116 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME BOS, Kimberly Ann  
STREET ADDRESS 2012 Santa Barbara Boulevard  
CITY-ST-ZIP Naples, FL 34103 ☒ Change ☐ Addition

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

941-253-8515

Daytime Phone #

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90088 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0704938  
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

CR2E014 (000001)