

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065482

1. Entity Name

CITIZENS PROPERTIES, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90312 040 \*\*\*150.00

Principal Place of Business

Mailing Address

401 FIFTH STREET  
PORT ST JOE FL 32456

P.O. BOX 368  
PORT ST JOE FL 32457-0368



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3461570

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IGLER & DOUGHERTY, P.A.  
1501 PARK AVENUE EAST  
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARRIER, W-W JR	
STREET ADDRESS	1411 MONUMENT AVE	
CITY-ST-ZIP	PORT ST JOE FL 32465	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, DWIGHT	
STREET ADDRESS	956 W. GORRIE DR.	
CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REVELL, FOREST	
STREET ADDRESS	637 HWY. 22	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COSTIN, CHARLES A	
STREET ADDRESS	413 WILLIAMS AVE.	
CITY-ST-ZIP	PT. ST. JOE FL 32456	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANNON, FRANK	
STREET ADDRESS	1301 CONSTITUTION DR.	
CITY-ST-ZIP	PT. ST. JOE FL 32456	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANNON, FRANK	
STREET ADDRESS	1301 CONSTITUTION DR.	
CITY-ST-ZIP	PT. ST. JOE FL 32456	

TITLE	PRES/ DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES G JOHNSON	
STREET ADDRESS	401 CECIL COSTIN BLVD	
CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JASPER LEROY SMITH	
STREET ADDRESS	221 REID AVE	
CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STUART SHOAF	
STREET ADDRESS	301 LONG AVE	
CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE	DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID B. MAY	
STREET ADDRESS	103 ALLEN MEMORIAL WAY	
CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

850-227-1416

Daytime Phone #

CR2E034 (9/99)