

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90064 049 ***150.00

DOCUMENT # P98000088638

1. Entity Name

CITRUS TRAVEL, INC.

Principal Place of Business

Mailing Address

**8120 S. SUNCOAST BLVD.
 HOMOSASSA FL 34446**

**8120 S. SUNCOAST BLVD.
 HOMOSASSA FL 34446-5006**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0872446

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, SHERRI L
 330 S. ORANGE AVE.
 SARASOTA FL 34236**

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	DP	<input type="checkbox"/> Delete
NAME	JOHNSON, RICHARD O	
STREET ADDRESS	10 LINDER CIR.	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SCIANANICO, RICHARD S	
STREET ADDRESS	6102 INDIA DR.	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, JOAN	
STREET ADDRESS	10 LINDER CIR	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRUNSINK, MARTHA A	
STREET ADDRESS	14 CHINKAPIN CIRCLE	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: *Richard O. Johnson* **RICHARD O. JOHNSON**

4/24/00 **352-382-2334**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #