

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90075 022 ***150.00

DOCUMENT # P990000013737

1. Entity Name

SHOWCASE PUBLICATION OF CITRUS COUNTY, INC.

Principal Place of Business

**547 W FT ISLAND TR
 BLDG B STE B
 CYRSTAL RIVER FL 34429**

Mailing Address

**PO BOX 979
 HOMOSASSA SPRINGS FL 34447**

2. Principal Place of Business

521 SE Ft Island Tr

3. Mailing Address

Suite, Apt. #, etc.

Suite E

City & State

Crystal River, FL

4. FEI Number

59-3563154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**VIRGO, AMY L
 1117 S.E. PARADISE AVENUE
 CYRSTAL RIVER FL 34429**

7. Name and Address of New Registered Agent

Name

Amy L. Virgo

Street Address (P.O. Box Number is Not Acceptable)

631 SE 1st Ct.

City

Crystal River

FL

Zip Code
34429

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 *Amy Virgo* **Amy Virgo President** **02-22-02**
 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, 2002 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 **P** ☐ Delete
 NAME **VIRGO, AMY LITTON**
 STREET ADDRESS **1117 SW PARADISE AVE**
 CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE ☐ Delete
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **631 SE 1st Ct.**
 CITY-ST-ZIP **CrystalRiver, FL 34429**

TITLE ☐ Change ☐ Addition
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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: *Amy Virgo* **Amy L. Virgo** **02-22-02** **352-564-9271**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CS02EP01 (3/01)