

2002 UNIFORM BUSINESS REPORT (UBR)

0040520 AV

DOCUMENT # **S87477**

1. Entity Name
CITRUS COUNTY SERVICE CORP.

FILED

02 FEB 19 PM 12:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
%CORPORATION SERVICE COMPANY SAME
2711 CENTERVILLE RD
SUITE-400-
WILMINGTON, DE 19808

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0310219** Applied For
Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301-4

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSEN, ROBERT L		NAME		
STREET ADDRESS	301 S. COLLEGE ST.		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28288-0630		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JERRY M JR		NAME		
STREET ADDRESS	301 S. COLLEGE ST		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28288-0630		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERTZ, LARRY J		NAME		
STREET ADDRESS	301 S. COLLEGE ST		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28288		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEMBO, KEITH D		NAME	Michael A. Watkins	
STREET ADDRESS	301 S. COLLEGE ST		STREET ADDRESS	301 S. College Street	
CITY-ST-ZIP	CHARLOTTE NC 28288-0630		CITY-ST-ZIP	Charlotte, NC 28288-0630	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Carol R. Mullis	
STREET ADDRESS			STREET ADDRESS	301 S. College Street	
CITY-ST-ZIP			CITY-ST-ZIP	Charlotte, NC 28288-0630	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Carol R. Mullis Carol R. Mullis - VP

704-715-2403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



2002

ACCOUNT NO. : 072100000032

REFERENCE : 159463 167868A

AUTHORIZATION :

Patricia Pignato

COST LIMIT : \$ 150.00

ORDER DATE : January 30, 2002

ORDER TIME : 10:47 AM

ORDER NO. : 159463-010

CUSTOMER NO: 167868A

CUSTOMER: Beverly Jackson, Legal Asst
First Union Corporation
One First Union Center, Nc0630
301 South College Street-30th
Charlotte, NC 28288-0630

ANNUAL REPORT FILING

NAME: CITRUS COUNTY SERVICE CORP.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 1156

EXAMINER'S INITIALS:

RECEIVED
02 FEB 19 AM 11:24
DIVISION OF CORPORATION

Signature