

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90191 046 ****61.25

DOCUMENT # 745199

1. Entity Name
CITRUS UNITED BASKET, INC.



Principal Place of Business

103 MILL AVE
INVERNESS, FL 34450 US

Mailing Address

P.O. BOX 2094
INVERNESS, FL 34451-2094 US

40002343



DO NOT WRITE IN THIS SPACE

01042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2553570

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAVOIUS, NOLA
103 MILL AVE
INVERNESS, FL 34450

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ERIGSON, EDWARD
PO BOX 387
DUNNELLON, FL 34432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
GRANT, JEAN
PO BOX 513
FLORAL CITY, FL 34436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
IVERSON, BOB
P.O. BOX 2015
INVERNESS, FL 34451

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
VARONE, LINDA
8059 W JONATHAN LN
CRYSTAL RIVER, FL 34429

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUNT, DORA
9730 E REGENCY ROW
INVERNESS, FL 34450

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP President
SANCHEZ, TONY
3102 S BLANK DR
INVERNESS, FL 34450

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Robert F. Iverson *Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07 (352)344-2242

Date Daytime Phone #