

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003594

1. Entity Name

ST. PATRICK'S DAY PARADE COMMITTEE OF CITRUS COU

Principal Place of Business

6 CATALPA COURT  
HOMOSASSA FL 34446

Mailing Address

6 CATALPA COURT  
HOMOSASSA FL 34446

MIKE COLBERT

2. Principal Place of Business

4759 N. CRESTLINE DR  
Suite, Apt. #, etc.

3. Mailing Address

4759 N. CRESTLINE DR.  
Suite, Apt. #, etc.

City & State

BEVERLY HILLS, FL.

City & State

BEVERLY HILLS, FL.

4. FFI Number

59-3650237

Applied For

Not Applicable

Zip

34465-4795

Country

Zip

34465-4795

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

NO CHANGE  
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: *Robert B. Dunton* TREASURER JULY 20, 2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	NAME	COLBERT, MICHAEL	STREET ADDRESS	4759 N CRESTLINE DR.	CITY-ST-ZIP	BEV HILLS, FL. HOMOSASSA FL 34446 34465-4795
TITLE	V	NAME	TAYLOR, CHARLES	STREET ADDRESS	571 W. LARCHMONT CT	CITY-ST-ZIP	BEV. HILLS FL. HOMOSASSA FL 34446 34465
TITLE	D	NAME	NESTOR, LAWRENCE	STREET ADDRESS	381 W. SUGARBERRY LN.	CITY-ST-ZIP	BEV. HILLS HOMOSASSA FL 34446 34465
TITLE	D	NAME	SHAUGHNESSY, PETER	STREET ADDRESS	191 N. BIG WAKES PT.	CITY-ST-ZIP	LECANTO FL. HOMOSASSA FL 34446 34461
TITLE	D	NAME	BROGAN, JOHN	STREET ADDRESS	1854 JUNE BERRY LN.	CITY-ST-ZIP	VERNESS FL. HOMOSASSA FL 34446 34461
TITLE	DIRECTOR	NAME	JOE MORGAN	STREET ADDRESS	49 E CYPRESS BLVD.	CITY-ST-ZIP	HOMOSASSA FL 34446-5723

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE PRES.	NAME	LLOYD MANNING	STREET ADDRESS	1334 W. ALEXANDER DR	CITY-ST-ZIP	CITRUS SPRINGS FL. 34434-3121
TITLE	TREASURER	NAME	ROBT. A. DUNTON	STREET ADDRESS	14 TALL MANICOLS CT	CITY-ST-ZIP	HOMOSASSA FL. 34446-5723
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	

12. 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 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 B. Dunton* TREASURER 7/20/2001

FILED  
Jul 26, 2001 8:00 am  
Secretary of State

07-26-2001 90001 020 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)