

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90720 039 ****61.25

DOCUMENT # N00000003594

1. Entity Name

ST. PATRICK'S DAY PARADE COMMITTEE OF CITRUS COUNTY INC.

Principal Place of Business

**4759 N CRESTLINE DR.
 BEVERLY HILLS FL 34465-4795**

Mailing Address

**4759 N CRESTLINE DR.
 BEVERLY HILLS FL 34465-4795**

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

59-3650237

Applied For

Not Applicable

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

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	COLBERT, MICHAEL	
STREET ADDRESS	4759 N CRESTLINE DR.	
CITY-ST-ZIP	BEVERLY HILLS FL 34465-4795	
TITLE	V	<input type="checkbox"/> Delete
NAME	TAYLOR, CHARLES	
STREET ADDRESS	511 N. LARCHMENT CT.	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUNTON, ROBERT	
STREET ADDRESS	14 TALL MARIGOLDS CT.	
CITY-ST-ZIP	HOMOSASSA FL 34446-5723	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAUGHNESSY, PETER	
STREET ADDRESS	381 W SUGARBERRY LN.	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROGAN, JOHN	
STREET ADDRESS	191 N. BIG OAKS PT.	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	D	<input type="checkbox"/> Delete
NAME	NESTOR, LAWRENCE	
STREET ADDRESS	381 SUGARBERRY LANE	
CITY-ST-ZIP	BEV. HILLS FL 34465	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/01)

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:

SPIEGEL & UTRERA, P.A.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-21-02 352-746-1331

2002 UBR