

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 02, 2001 8:00 am  
Secretary of State

02-02-2001 90299 048 \*\*\*\*61.25

DOCUMENT # N03866

1. Entity Name

CITRUS COUNTY ARCHERS INC.

Principal Place of Business

Mailing Address

~~11908 W. RIVERHAVEN DRIVE~~  
~~HOMOSASSA FL 32646~~

~~11908 W. RIVERHAVEN DRIVE~~  
~~HOMOSASSA FL 32646~~

4057 Gloria Dr.

4057 E. Gloria Dr.

HERNANDO FL 34442

HERNANDO FL 34442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2870829

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WORRELL, ROBERT E.  
11908 W. RIVERHAVEN DRIVE  
HOMOSASSA FL 32646

*Delete*

Name

C R Northcutt

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

4057 E Gloria Dr.

City

HERNANDO

FL

Zip Code

34442

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

*C.R. Northcutt*

29 JAN 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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
WORRELL, ROBERT E.  
77908 W RIVERHAVEN DR.  
HOMOSASSA FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURER  
C.R. Northcutt  
4057 E Gloria Dr  
HERNANDO FL. 34442 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
JONES, ROBERT A  
1547 N FOXBORO LOOP  
CRYSTAL RIVER FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
BULLIS, JOHN A JR.  
10049 SW 155TH ST  
DUNNELION FL 34432 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: *C.R. Northcutt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 JAN 2001 352 726-3593

Date

Daytime Phone #

CR2E037 (10/00)