

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N14141**

1. Entity Name

**CITRUS COUNTY 4-H CLUB FOUNDATION, INC.**

Principal Place of Business

**3600 S FLORIDA AVE  
INVERNESS FL 34450  
US**

Mailing Address

**3600 S FLORIDA AVE  
INVERNESS FL 34450  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2914413**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****WELCH, DOROTHY L.  
3600 S. FLORIDA AVENUE  
INVERNESS FL 34450****7. Name and Address of New Registered Agent**

Name

**Amy H. Duncan**

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

**3600 S. Florida Ave.**

City

**Inverness****FL**

Zip Code

**34450**

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

*Amy H Duncan*  
Signature, typed or printed name of registered agent and title if applicable.**4-H AGENT**

(NOTE: Registered Agent signature required when reinstating)

**4/10/02**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STRICKLAND, ROBERT</b> <b>10175 S PLYMOUTH TRAIL</b> <b>HOMOSASSA FL 34448</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PORTER, HAL</b> <b>1112 HILLSIDE COURT</b> <b>INVERNESS FL 34451</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BAGGETT, HANK</b> <b>11138 E. BUSHNELL RD</b> <b>FLORAL CITY FL 34436</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCKETTRICK, LORI</b> <b>4170 N COWPOKE PT</b> <b>HERNANDO FL 34442</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PORTER, HAL</b> <b>1112 HILLSIDE CT</b> <b>INVERNESS FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LAW, MARLENE</b> <b>1367 N BALKO PATH</b> <b>LECANTO FL 34461</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-14-2002** **352**  
**746-3304****FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90064 020 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)