

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001297

1. Entity Name

HIBERNIANS OF CITRUS COUNTY, FLORIDA, INCORPORAT

Principal Place of Business

1854 JUNE BERRY LN.
INVERNESS FL 34453

Mailing Address

1854 JUNE BERRY LN.
INVERNESS FL 34453-3383

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

59-3368433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROGAN, JOHN P
1854 JUNE BERRY LN.
INVERNESS FL 34453

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

TITLE DP ☒ Delete
NAME PIERCE, RODNEY J
STREET ADDRESS 11826 W WATERWAY DRIVE
CITY-ST-ZIP HOMOSASSA FL 34448 Deceased

TITLE DV ☐ Delete
NAME MANNING, LLOYD
STREET ADDRESS 1334 W ALEXANDER DR
CITY-ST-ZIP CITRUS SPRINGS FL 34434

TITLE DS ☐ Delete
NAME DUNTON, ROBERT M
STREET ADDRESS 14 TALL MARIGOLDS COURT
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE DT ☐ Delete
NAME FITZGERALD, RAYMOND J
STREET ADDRESS 55 S. HERON CREEK LOOP
CITY-ST-ZIP INVERNESS FL 34450

TITLE DS ☐ Delete
NAME TAYLOR, CHARLES
STREET ADDRESS 511 LARCHMONT CT
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90094 013 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)