Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 23, 2001 8:00 am [§] Secretary of State DOCUMENT # N9600001297 1. Entity Name HIBERNIANS OF CITRUS COUNTY, FLORIDA, INCORPORAT 04-23-2001 90207 002 ****61.25 Principal Place of Business Mailing Address 1854 JUNEBERRY LN. 1854 JUNEBERRY LN. INVERNESS FL 34453 INVERNESS FL 34453 2. Principal Place of Business 3. Mailing Address 1334 W. ALEXANDERDR 1334 W. ALEXANDER DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For FEI Number 59-3368433 CITEUS SPRINGS CITEUS Not Applicable Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired USA 34434 USA 34*434* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OYD MANNING Street Address (P.O. Box Number is Not Acceptable) BROGAN, JOHN P 1334 W ALEXANDER 1854 JUNEBERRY LN. **INVERNESS FL 34453** CITRUS SPRINGS 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. MANNING PRESIDENT 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 D۷ ☐ Addition Delete TITLE MANNING, LLOYD MANNING, LLOYD NAME NAME 1334 W. ALEXANDER DRIVE STREET ADDRESS 1334 W ALEXANDER DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CITRUS SPRINGS FL 34434 CITRUS SPRINGS FL 34434 Change TITLE ☐ Delete TITLE COLBERT, MICHAEL 4759 CRESTLINE DRIVE DUNTON, ROBERT M NAME NAME STREET ADDRESS 14 TALL MARIGOLES COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMOSASSA FL 34446 BEVERLY HILLS FL 34465 DT TITLE TITLE Delete SHAUGHNEDSY, PETER FITZGERALD, RAYMOND J NAME NAME STREET ADDRESS 55 S. HERON CREEK LOOP STREET ADDRESS 191 N BIG OAKS POINT CITY-ST-ZIP **INVERNESS FL 34450** CITY-ST-ZIP LECANTO FL 34461 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME TAYLOR, CHARLES NAME STREET ADDRESS STREET ADDRESS 511 LARCHMONT CT CITY-ST-ZIP CITY-ST-ZIP BEVERLY HILLS FL 34465 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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,