

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 29, 2002 8:00 am  
Secretary of State

05-29-2002 90720 037 \*\*\*\*61.25

DOCUMENT # N96000001297

1. Entity Name

HIBERNIANS OF CITRUS COUNTY, FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

1334 W. ALEXANDER DR.  
CITRUS SPRINGS FL 34434

1334 W. ALEXANDER DR.  
CITRUS SPRINGS FL 34434

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

7. Name and Address of New Registered Agent

MANNING, LLOYD  
1334 W. ALEXANDER DR.  
CITRUS SPRINGS FL 34434

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 DP  
NAME MANNING, LLOYD  
STREET ADDRESS 1334 W ALEXANDER DR  
CITY-ST-ZIP CITRUS SPRINGS FL 34434

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

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

TITLE DV  
NAME COBERT, MICHAEL  
STREET ADDRESS 4759 CRESTLINE DR.  
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE DT  
NAME SHAUGHNESSY, PETER  
STREET ADDRESS 191 N. BIG OAKS POINT  
CITY-ST-ZIP LECANTO FL 34461

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)