

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S28555

1. Entity Name

CITRUS COUNTY TELEPHONE, INC.

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90181 035 \*\*\*150.00

Principal Place of Business

579 S.E. HIGHWAY 19  
CRYSTAL RIVER FL 34429

Mailing Address

579 S.E. HIGHWAY 19  
CRYSTAL RIVER FL 34429

2. Principal Place of Business

1643 W. Gulf To Lake Hwy / P.O. Box 929

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lecanto, FL

City & State

Lecanto, FL

Zip

34461

Country

Zip

34460

Country

4. FEI Number

65-0243015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STACK, ROBERT  
63 EASY ST  
LECANTO FL 34460

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME STACK, ROBERT  
STREET ADDRESS P.O. BOX 278/63 EASY ST  
CITY-ST-ZIP LECANTO FL 34460

TITLE ST ☐ Delete  
NAME STACK, DEBRA  
STREET ADDRESS P.O. BOX 278/63 EASY ST  
CITY-ST-ZIP LECANTO FL 34460

TITLE V ☐ Delete  
NAME GRIFFIN, TIMOTHY  
STREET ADDRESS PO BOX 10892 13049 KITTIWAKE RD  
CITY-ST-ZIP BROOKSVILLE FL 34603

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

CR2E034 (10/00)