2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # N20347** May 01, 2000 8:00 am Secretary of State UNITED WAY OF HERNANDO COUNTY, INC. 05-01-2000 90021 045 ****61.25 Principal Place of Business Mailing Address 4040 COMMERCIAL WAY 4040 COMMERCIAL WAY SPRING HILL FL 34606 SPRING HILL FL 34606-2398 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2848474 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SHRIEVES, SAM 4040 COMMERCIAL WAY SPRING HILL FL 34606 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition DP Delete TITLE TITLE WALTER DRY 4040 COMMERCIAL WAY NAME NAME JONES, JAMES STREET ADDRESS STREET ADDRESS 404 COMMERCIAL WAY CITY-ST-ZIP PRING KILL FL CITY-ST-ZIP SPRING HILL FL 34606 Delete Change ☐ Addition DVP TITLE TITLE NOLZHAUER, ERNIE NAME NAME STREET ADDRESS STREET ADDRESS 4040 COMMERCIAL WAY CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34606 ☐ Change Addition TITLE DS Delete TITLE GIGUERE, KEVIN NAME NAME STREET ADDRESS STREET ADDRESS 4040 COMMERCIAL WAY CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34606 ☐ Delete Change Addition NAME SHRIEVES, SAM STREET ADDRESS STREET ADDRESS 4040 COMMERCIAL WAY CITY-ST-ZIP CITY-ST-ZIP Spring Hill FL 34606 Change Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.